HORN

3

Ancestors of Frederick HORN

Frederick HORN
b: Bet. 1770 - 1780
d: Abt. 1841 in Lawrence Co, KY

James HORN
b: 1827 in Jackson Co, IN
m: August 22, 1846 in Lawrence Co, KY
d: July 1889 in Martin Co, KY

Katherine ----
b: 1775 in TN
d: March 1860 in Lawrence Co, KY

Frederick HORN
b: April 24, 1849 in Big Elk Creek, Lawrence Co, KY
m: October 20, 1869 in Lawernce Co, KY
d: April 27, 1943 in Inez, Martin Co, KY

---- ----

Jane MULLINS - HOBBS
b: 1831 in VA
d: 1911 in Martin Co, KY

Hannah ----

ELIZABETH
HORNE
JULY 17 1881
NOV 19 1964
AT PEACE

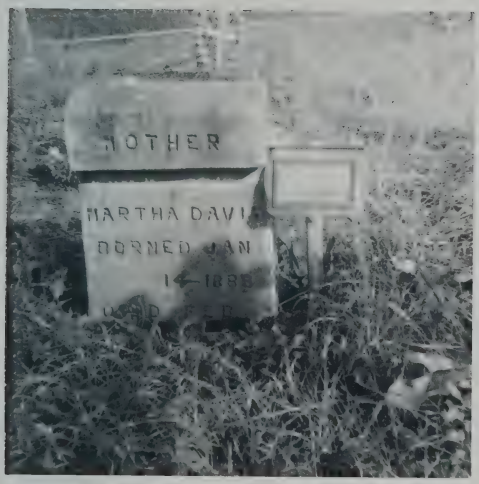
305D

JASON C. EVUM
JAN. 21 1912
OCT. 7 1918

3050

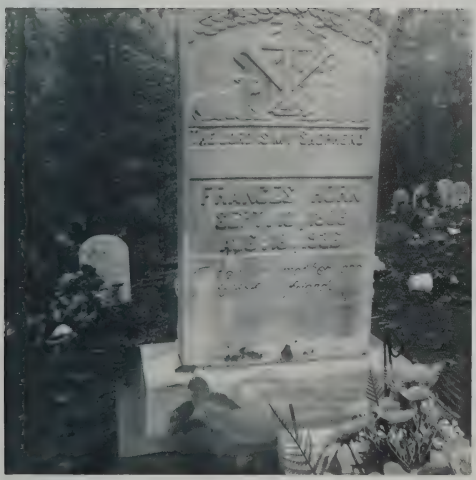
FRANCIS G
WHISS
B. 9.18.1938
D. 10.12.1939

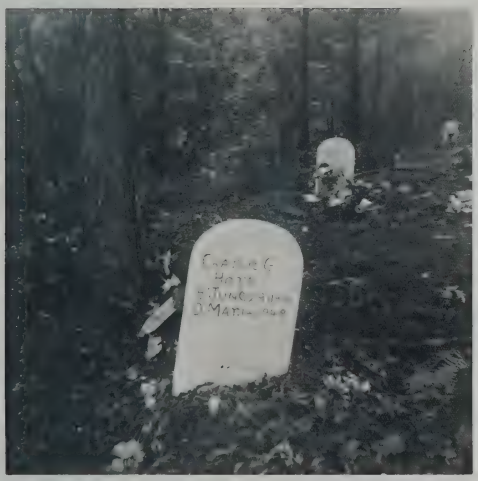
MOTHER
MARTHA DAVI
BORNED JAN
14-188


MOTHER
MARTHA DAVI
BORNED JAN
1 1888

GEORGE R. WILLIAMS

ISAAC HORN
OCT. 17
1882
NOV. 20
1962





12/99 - 1g

where Ben's Brothers buried

8

ROSCOE
HAMMONDS
MAY 30, 1892
MAR. 27, 1970

LEONARD
HAMMONS

HORN
JOHN
1917 – 1967
CATHERINE
1923

S.C.N.77

HAMMONDS
VASHTI H.

BENJAMIN HORN
JUL 15 1980

Births 1905 - 1910 Martin Co Ky

31 Aug 1906	Sallie Endicot	Ransom Endicott	Effie Horn
26 Mar 1906	John	Thomas	Ross

1853- 1900

BIRTHS WAYNE COUNTY WSET VIRGINIA

	Chaffins	Chaffins, Thomas
3 May 1857	Helen	Roda
		Nathan
1859	Staley	
1859	Anna	Christopher
26 Oct 1860	Mark	Nathaniel
		Polly
17 Jan 1855	Victoria	Thomas
		Rodah ann
1 Nov 1856	Lucinda J.	Nathan
	Harriet M.	mary J.
6 Nov 1656		Christopher
		Nancy J.
8 Aug 1881	Henry	Wm
		mary
16 Feb 1880	F	Wm
		mary a.
31 Mar 1877	Alice	"
15 Jul 1878	Maud	Helen
		Wm
10 aug 1873	M	mary ann
		christopher
20 May 1866	John B.	Nancy J.
		Thomas
6 May 1867	Wm T.	Roda N.
		Wm
15 Sep 1872	James	mary a
		christopher
25 aug 1868	Hillington D.	Nancy J.
		Wm
28 aug 1868	Joshua	~~mary~~ ann
		Thos
2 Jul 1885	George B.	mary B.
		R.a.
12 Jun 1882	Minnie	alice
		John W.
15 Jul 1887	Lottie E.	Nancy
		John a.
3 Jul 1889	Henry H.	mary a.
		John
15 Jun 1890	Mary	Nancy
		John
16 Jun 1892	John	[redacted]
9 mar 1894		John
	Charles	Lizzie
		J.C.
6 mar 1892	Franklin	mary
		John
10 May 1891	albert	Nancy
1 Jun 1898	Nellie	"

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Exact Search Results - Kentucky Birth Index, 1911-1999

You searched for **Crum** Refine your search

All Birth, Marriage, & Death Results

Viewing **1-8** of **8**

View Record	Name	Birth Date	Gender	Mother's Name	County
View Record	**Colbert C Crum**	18 Dec 1927		Sarah Harris	Pike
View Record	**Deby M Crum**	28 Dec 1934		Sarah Harris	Pike
View Record	**Dolly L Crum**	16 Jan 1924		Sarah Harris	Pike
View Record	**Hazel Crum**	22 Jan 1926		Sarah Harris	Pike
View Record	**James C Crum**	31 May 1933		Sarah Harris	Pike
View Record	**Katie Crum**	26 May 1914		Sarah Harris	Martin
View Record	**Loraine Crum**	30 Aug 1918		Sarah Harris	Pike
View Record	**Mary Helen Crum**	30 Jan 1922	Female	Sarah J Harris	Pike

Results per page 20

Viewing **1-8** of **8**

You are here: All Search Results > Birth, Marriage, & Death > **Kentucky Birth Index, 1911-1999**

View printer-friendly

Not finding what you're looking for? Find other people looking for Crum.

Refine your search of the Kentucky Birth Index, 1911-1999

Ranked Search **Exact Search**

We will only show records that match **all** of these fields. See search tips

First Name | Last Name: crum | Spelling: Exact

Birth

Day: All | Month: All | Year: +/- 0

Birth County: Any | Gender: All

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Exact Search Results - Kentucky Birth Index, 1911-1999

You searched for **Hinkle** Refine your search

All Birth, Marriage, & Death Results

Viewing **1-7** of **7**

View Record	Name	Birth Date	Gender	Mother's Name	County
View Record	**Bertha Faye Hinkle**	1 May 1966	Female	Romaine Evans	Lawrence
View Record	**Gary Truman Hinkle**	21 Jul 1968	Male	Romaine Evans	Lawrence
View Record	**Ira R Hinkle**	12 Aug 1959		Romaine Evans	Lawrence
View Record	**Linda L Hinkle**	3 Nov 1960		Romaine Evans	Lawrence
View Record	**McKinley Hinkle**	6 Feb 1941		Edney Evans	Martin
View Record	**Ruth A Hinkle**	19 Jan 1935		Edna Evans	Martin
View Record	**Vickie L Hinkle**	26 Feb 1940		Edna Evans	Lawrence

Results per page 20

Viewing **1-7** of **7**

You are here: All Search Results > Birth, Marriage, & Death > **Kentucky Birth Index, 1911-1999**

View printer-friendly

Not finding what you're looking for? Find other people looking for Hinkle.

Refine your search of the Kentucky Birth Index, 1911-1999

Ranked Search **Exact Search**

We will only show records that match **all** of these fields. See search tips

First Name

Last Name HINKLE

Spelling Exact

Birth

Day All Month All Year +/- 0

Birth County Any Gender All

Mother

First Name Last Name

Dave Maynard
Parson

Sam Maynard
b. 13-1866 Ky
Rail Road S.S.

Lawrence Co., Ky. Vital Statistics - microfilm (from Dorcas M. Hobbs)

Births:
1853
Susannah Hobbs, b. 9 Oct. (possibly John) Hobbs & Margaret Horn

1854
John Horne, b. 20 Dec. - James Horne & Jane Hobbs, Tug Fork of Sandy
Hannah Hobbs, b. 22 Mar. - John Hobbs & Margaret Horne

1855
(?) John Horne, b. 8 Apr. - James Horne & Jane Hobbs

1857
Amanda J. Hobbs, b. 5 Mar. - John Hobbs & Margaret Horne - Tug Fork
Michael Horne, b. 11 Dec. - James Horne & Jane Hobbs

1860
Frederick Hobbs, b. 7 Apr. - John Hobbs & Margaret Horn
Frances Horn, b. 15 Dec. - James & Jane Hobbs

1854
William Horne, b. 20 Dec. - Michael Horne & Susanah Crum
Nancy Chafin, b. 5 June X - Thomas Chafin & Jane Horne

1852
Polly Chafin, b. 28 July - Thomas Chafin & Jane Horne

1856
Margaret Chafin, b. 24 Mar. - Thomas Chafin & Jane Horne

1858
Margaret Chafin, d. 7 July, age 2 yrs. - Thomas & Jane Chafin

1860
Phebe Chafin, b. 13 Mar. - Thomas Chafin & Jane Horne

LAWRENCE CO., KY. CENSUS (read by Margie Peery)
1850

James Horn	23	Laborer	b. Va.
Jane	20		b. Ky.

1860

James Horn	30 33	Farmer	b. Ky.
Jane	30		Ky.
Katherine*	12		Ky.
Frederick*	11		Ky.
Mary A.	8		Ky.
John	7		Ky.
Hanna	4		Ky.
Michael	3		Ky.

*Where were they in 1850 census? Frances was born in 1858 but she wasn't listed.

John Hobbs	30	b. Va.
Margaret (Kerr)	24	
Michael	10	

From "History of the Big Sandy" - Early pioneers on Big Sandy 1800-1820: Frederick Horn

UNITED STATES OF AMERICA

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

NOTIFICATION OF BIRTH REGISTRATION

This is to advise you that there is preserved under File No. 9628 *in the State office for the registration of vital statistics at* LOUISVILLE, KY., *a* **Record of Birth,** *as follows:*

Name Benjamin Horn *Sex* Male

Born on Feb. 1, *1924, at* Siren, Ky

Name of father Isaac Horn

Maiden name of mother Francis Williams

DEPARTMENT OF COMMERCE · UNITED STATES OF AMERICA

W. M. Steuart
Director of the Census.

J. F. Blackerby M. D.,
State Registrar,
Kentucky State Board of Health.

11—84636

This certificate should be carefully preserved as a record which in future years may prove to be valuable evidence regarding the birth of your child. For example, this certificate may establish the right of your child to inherit property, to go to school, and to work.

NOTICE

If any errors are found in the statements given on the inclosed certificate, kindly send corrections at once to

MR. J. F. BLACKERBY,
State Registrar, Kentucky State Board of Health,
Louisville, Ky.

Mr. J. F. Blackerby, as State Registrar, will then correct the official record on file, and as Special Agent of the Bureau of the Census will send to Washington, D. C., any correction of statistical importance.

11—8463f

Gets Sound Transmittal at Home Now As Well As At Dixon Navy Radio Station

Chief Petty Officer and Mrs. Benjamin Horn of Dixon were parents for the first time June 21 when a daughter, Sandra Lita, was born to them at Mare Island Naval Hospital. The baby weighed 6 pounds 12 ounces.

The father is serving at the Naval radio station southeast of Dixon.

Maternal grandparents of the child are Mr. and Mrs. Jerome William Joy of Dixon.

Dixon Herald
6-24-51

ith
was
our
ity.

Lots - Farms
Subdivisions - Land Leveling
BLUEPRINTING

Theatre

This girl is in trouble!
... if she could only

Good
News!

Pink Shoes

Cathy Janell
HER NAME IS

June 11th
BORN ON

7lb. 11 3/4 oz.
WEIGHING

Mr. & Mrs. Johnnie Ray Horn.
PARENTS

Time June 11-69

Gibson
MADE IN U.S.A.
FH
T201-7

Bulletin Mailing Co. Inc. 1940

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Exact Search Results - Kentucky Birth Index, 1911-1999

You searched for **Horn** born in **Martin** Refine your search

All Birth, Marriage, & Death Results

Viewing **1-6** of **6**

View Record	Name	Birth Date	Gender	Mother's Name	County
View Record	**Anna Horn**	27 May 1916		Millie Harris	Martin
View Record	**Aretta Horn**	10 Jun 1927		Millie Harris	Martin
View Record	**Elberta Horn**	15 Apr 1922	Female	Millie Harris	Martin
View Record	**Glen D Horn**	19 Jan 1936		Millie Harris	Martin
View Record	**Nepert L Horn**	12 Sep 1937		Millie Harris	Martin
View Record	**Shelton Horn**	4 Jun 1933		Millie Harris	Martin

Results per page 10

Viewing **1-6** of **6**

You are here: All Search Results > Birth, Marriage, & Death > Kentucky Birth Index, 1911-1999

View printer-friendly

Not finding what you're looking for? Find other people looking for Horn in Martin.

Refine your search of the Kentucky Birth Index, 1911-1999

Ranked Search Exact Search

We will only show records that match **all** of these fields. See search tips

First Name _____ Last Name horn Spelling Exact

Birth

Day All Month All Year _____ +/- 0

Birth County Martin Gender All

Mother

First Name _____ Last Name harris

ancestry.com

Welcome, **Linda Collison** Log Out My Acco

Home | My Ancestry | **Search** Publish | Community DNA | Learning Center Store

New Search PREVIEW | **Try It**

You searched for **Howard** born in **Martin**

All Kentucky Birth Index, 1911-1999 Results

Page Tools

Start a Tree with this person
Save record to my shoebox
Comments and Corrections
View printer-friendly

Make a Connection

Not sure where to start? Often it's helpful to contact others who share your research interests:
Find others searching for Adie Howard

Kentucky Birth Index, 1911-1999

Name:	**Adie Howard**
Date of Birth:	2 Sep 1911
County:	Martin
Mother's Name:	Columbia Harmon
Volume Number:	115
Certificate Number:	45666
Volume Year:	1911

Save This Record
Attach this record to a person in your tree as a source record, or save for later evaluation.
Save

Source Information:
Ancestry.com. *Kentucky Birth Index, 1911-1999* [database on-line]. Provo, UT, USA: The Generations Network, Inc., 2006. Original data: Kentucky Department for Libraries and Archives. *Kentucky Birth, Marriage, and Death Databases: Births 1911-1999*. Frankfort, Kentucky:

ancestry

Welcome, **Zhorn58228**

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Exact Search Results -

You searched for **Rachel Mills** born in **Martin**

Viewing **1-7** of **7**

View Record	Name	Birth Date	Gender	Mother's name	County
	Gladys M Crum	30 Jun 1913		Rachel Mills	Martin
	Jacob Hale	12 Jun 1925		Rachel Mills	Martin
	Lacy Hale	13 May 1926		Rachel Mills	Martin
	Jim Harn	2 Dec 1919		Rachel Mills	Martin
	Henry Horn	25 Mar 1917		Rachel Mills	Martin
	Henry Horne	25 Mar 1916		Rachel Mills	Martin
	Gladas Mills	30 Jun 1913		Rachel Mills	Martin

Results per page 20

Viewing **1-7** of **7**

Kentucky Birth Collection, 1852-1999

Not finding what you're looking for?

Exact matches only

First Name

Last Name

Spelling
Exact

Birth

Day
All

Month
All

Year
+/- 0

Birth County
Martin

Gender
All

Mother

First Name
rachel

Last Name
mills

Other

Keyword(s)

Ancestor Search:
Having trouble finding your Ancestors? Try an Ancestry.com quick search:

First Name: Last Name: Location:

Any Search

Database = Birth Records

8 Matches for [surname=kirk state/county=KY/Martin]

If you get too many matches, return to the form and add information in other fields.
If you get too few, return to the form and remove or change some of the restrictions.

Matches 1 - 8					
Name	Date	State	County	Source	More Info
KIRK, Blaine	04 Jul 1911	KY	Martin		More Info
KIRK, Eunice E	30 Jul 1912	KY	Martin		More Info
KIRK, Homer	11 Apr 1911	KY	Martin		More Info
KIRK, James (1)	04 Jul 1911	KY	Martin		More Info
KIRK, Mabel	09 Jan 1912	KY	Martin		More Info
KIRK, Mattie	20 May 1911	KY	Martin		More Info
KIRK, Ruby R	10 Sep 1912	KY	Martin		More Info
KIRK, Wilda M	30 Oct 1911	KY	Martin		More Info

New Search

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Ancestor Search:
Having trouble finding your Ancestors? Try an Ancestry.com quick search:

First Name: Last Name: Location:

Any Search

RootsWeb.com

Database = Birth Records

7 Matches for [surname=horn state/county=KY/Martin]

If you get too many matches, return to the form and add information in other fields.
If you get too few, return to the form and remove or change some of the restrictions.

Matches 1 - 7					
Name	Date	State	County	Source	More Info
HORN, Clyde	15 Jul 1912	KY	Martin		More Info
HORN, Dorie	25 Jul 1911	KY	Martin		More Info
HORN, Earl	24 Jul 1912	KY	Martin		More Info
HORN, Everett	30 Jan 1911	KY	Martin		More Info
HORN, Gladys	25 Jun 1912	KY	Martin		More Info
HORN, Goldie	05 Mar 1911	KY	Martin		More Info
HORN, Oma F	14 Feb 1912	KY	Martin		More Info

New Search

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Extend your search at Ancestry.com

Search for "Horn" at Ancestry.com

FIRST NAME | LAST NAME | Any LOCALITY | Submit Query

Grave Search Results

Records **1 to 4** (of **4** total matches)

Name

Search for **"Horn"** at Ancestry.com

Horn, Alma Fitch — Fitch F
b. May 28, 1922 d. Feb. 25, 2000

Horn, Edward — Fitch F
b. 1938 d. Aug. 24, 2004

Horn, Jewel Mills — Fitch F
b. Jun. 21, 1941 d. Apr. 21, 1999

Horn, Obra — Fitch F
b. Aug. 16 d. Nov. 10, 1992

Search for **"Horn"** at Ancestry.com

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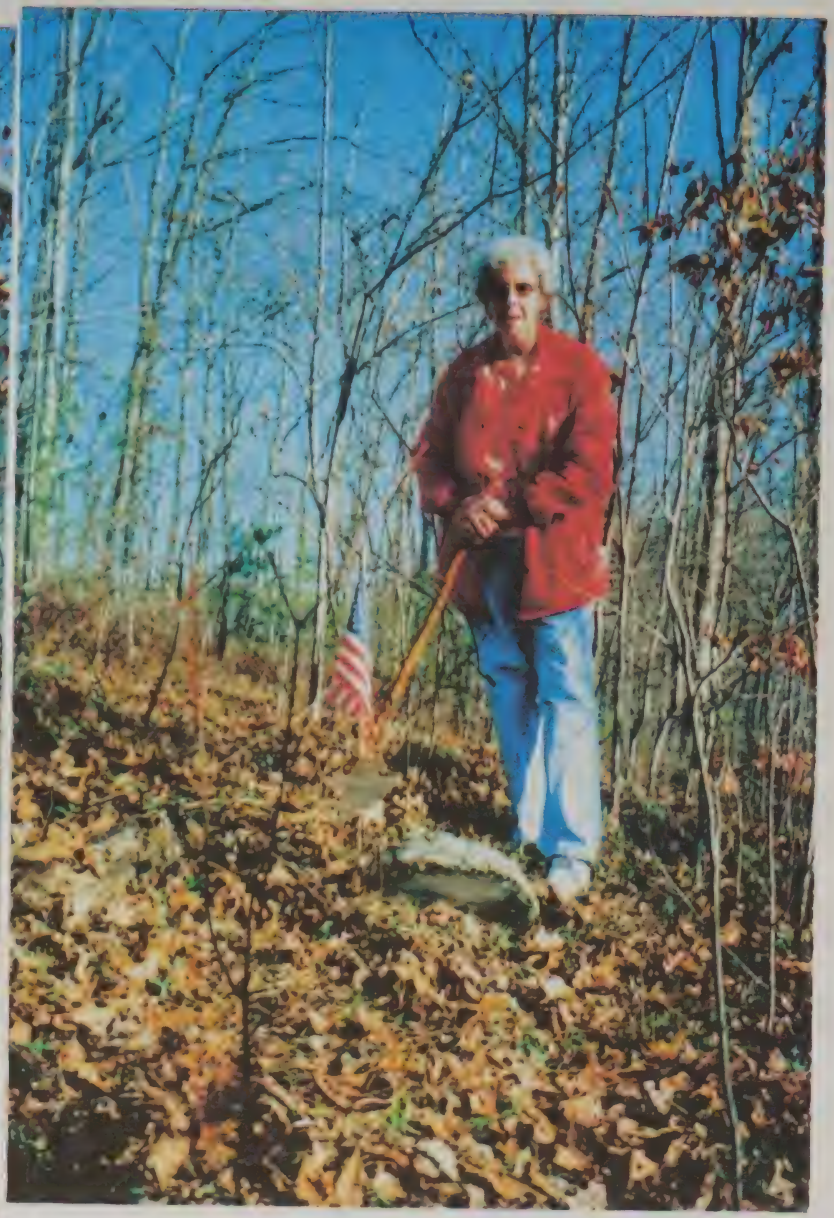
James HORN - GRAVE Martin County KY



Subj: **James Horn Grave**
Date: 1/8/2007 4:51:41 PM Pacific Standard Time
From: JHMcbr01
To: ZHorn58228

Zandra

With the help of our cousin F. D. Horn I have found what I am positive is the grave of James Horn. F.D. is s/o James & Patsy Horn and he has become interested in his genealogy and has been doing some looking for cemeteries. We went high on the hill at Forks of Turkey - and what a climb it was - and found a field stone with some writing on it. The name was almost gone but the date of death was legible when we pulled the stone out of the ground. I put a Civil War marker there and hopefully later we can get a stone from the government. How we will get it up there is the problem. Took me three days to recuperate from that trip. F.D. & I both have knee problems so it was hard on both of us. I'm sending you photos. Hope you are well and doing a lot of genealogy work.
Cousin Joyce

JAMES HORN
PVT CO B
167 W VA MIL
MAR 30 1827
JUL 15 1888

Horn-Hammond Cemetery
Mouth of Branch Branch –
Head of Turkey Creek

JANE MULLINS
HORN
JAMES HORN
PVT CO B
MAR 30 1837
JUL 15 1888

Horn-Hammond Cemetery
Mouth of Union Branch-Head
of Turkey Creek.

JAMES HOPE
PVT CO B
MAR 30 1837
JUL 19 1838
JAMES HOPE
1837 - 1861

JAMES MOORE
PVT CO B
MAR 30 1837
JAMES MOORE
1836 — 1901

JAMES MORAN
PVT COB
MAR 30 1917
JUL 6 1919
SCHOOL MASTERS
APRIL
1909
1911

JAMES DOW
PVT CO B
107 W VA MIL
MAR 30 1837
JUL 15 1888
WM WILLIAMS
1836 - 1861

Martin Co. (KY)
COUNTY (OR COUNTIES)

3-8-98
DATE(S) COPIED

Horn, Harrison "Harry" Douglas
CEMETERY NAME(S)

Turkey, Route 908-1 mile
LOCATION (INCLUDE LATITUDE AND LONGITUDE)

19
NUMBER OF GRAVES IDENTIFIABLE BY INSCRIPTION

2
NUMBER OF GRAVES UNIDENTIFIABLE

YES X NO
STILL RECEIVING BURIALS

SURNAME	GIVEN NAME	BIRTH DATE	DEATH DATE
Horn	Oscar "Virgil"	10-22-1919	10-6-96
Horn	Harrison Douglas	10-10-1873	4-17-39
Horn (Mills)	Annie	10-10-1876	4-15-63
Horn	Ransom	12-20-1900	6-6-83
Horn	Leonard	1-26-1896	12-12-45
PVT. 326 Field Arty 84 DIV.			
Horn	Mart	1-6-15	4-22-55
PVT. 152 INFANTRY WW II			
McClure	Ronald L.	6-2-38	6-26-82
McClure (Horn)	Sue	12-12-41	LIVING
Horn	Marion	3-6-13	2-12-95
Horn	Buford	9-28-40	9-28-40
Haney (Horn)	Rosa	4-25-1894	3-11-93
Haney	John	1-15-1889	4-28-61
Haney	Walter	10-1-15	4-2-49
James	W. Riley Sr.	9-2-02	1-12-90
James (Horn)	Ida	12-1-02	1-18-93
James	W. Riley Jr.	5-16-30	LIVING
James	Christina M.	6-20-32	10-9-89
Napier (Horn)	Thelma	1908	1992
Napier	William K.	1907	1970
INFANT			
SPOT (DOG)			

FORM

Dr. John C. Hinkle Cemetery

Milo Road Route 1884 approximately 1¼ miles toward Tomahawk from Route 645. Turn at Hinkle Valley and take the left lane, the cemetery is on top of the hill.

Dr. John C. Hinkle grave dated 1883 is the oldest according to the dated tombstone.
38 identifiable graves - 15 unidentifiable graves
Recorded by: **James and Linda Webb on May 15, 1998**
Typed by: Linda Webb

Name	Birth	Death
Row 1		
Copley, George Washington WWII USNF Seaman 1st. class	1/10/1926	8/23/1946
Copley, Baby	no dates	
Row 2		
Copley, Charles L.	8/14/1928	1/17/1929
Copley, Ida	1 ½ years old	
Copley, Leona Hinkle	1883	1942
Copley, George Washington		1876
Row 3		
Hinkle, Rosa	1895	
Hinkle, Wilson	1895	
Hinkle, Sarah	1923	
Hinkle, Eli	6/30/1849	3/10/1894
Row 4		
Hinkle, Walter D.	1888	3/17/1952
Row 5		
Hinkle, Franklin	6/17/1893	7/25/1893
Gore, Isom E.		1906
Farmer, Jenny Hinkle Gore		1924
Hinkle, Grover		1900
Hinkle, John C. II	1861	1995
Hinkle, Marcina (Cee) Wells Boyd	1862	1933
Row 6		
Hinkle, Elizabeth Crum	10/8/1828	1/17/1904
Hinkle, John C. I	2/13/1821	2/16/1883
Meade, Panola (wife of W.T. Meade		
Row 7		
contained 5 graves of babies who died during the typhoid epidemic no names or dates		
Patton, Panola (married J.B. Patton the County Attorney in 1875 he played an important part in the formation and development of Martin County)	5/1/1853	8/5/1901
Hinkle, Mary Fannin	7/25/1855	
Row 8		
contained 4 unnamed babies who died during the typhoid epidemic.		
Row 9		
contained 4 unnamed babies who died during the typhoid epidemic.		
1 Pack Baby		
Row 10		
Fannin, Shirley	1903	1906

New Hinkle Cemetery
Route 1884 approximately 1 mile east of Route 40 turn at Hinkle Valley and turn right to the end of the lane the cemetery is on the right.
9 identifiable graves

Name	Birth	Death
Row 1		
Hinkle, John Crit III	3/4/1886	5/28/1969
Hinkle, Ina C. Ward	5/24/1891	6/3/1971
Hinkle, Haskel	10/31/1910	4/16/1981
Martin, Evanell Hinkle	6/12/1927	12/21/1997
Row 2		
Hinkle, Graden	6/7/1911	6/3/1992
Hinkle, Sebern	1/22/1921	-
Hinkle, Gary Lynn	5/22/1959	5/30/1985
Row 3		
Hinkle, Elmer Dean	3/1939	6/1939
Hinkle, Ellery Scott	5/6/1961	5/8/1961

WARD CEMETERY, Pilgrims Knob, Buchanan County, Virginia

Henry "Son" Horn, Jr.
b. 6 Mar 1837, Kentucky
d. 5 Feb 1907, Buchanan County, Virginia
Company C, 34 VA Batt, Cav. CSA

Mille F. Louisa Church Horn
b. 25 Dec 1844, Tazewell County, Virginia
d. 20 May 1886, Buchanan County, Virginia

Pricy Jane Lester Horn
b. 22 Sep 1869, Buchanan County, Virginia
d. 29 Apr 1904, Buchanan County, Virginia

George Washington "Ninebeard" Horn
b. 9 Oct 1877, Buchanan County, Virginia
d. 14 Jul 1978, Buchanan County, Virginia

Sena Margarett McKinney Horn
b. 3 Oct 1882
d. 14 Oct 1955

Henry Washington Horn
b. 17 Oct 1900
d. 29 Jun 1948

Lydia Jane Steele Horn
b. 1 Nov 1890, Buchanan County, Virginia
d. 1 Feb 1968, Buchanan County, Virginia

George Elbert Steele
b. 12 Aug 1866, Russell County, Virginia
d. 11 Dec 1946, Pilgrims Knob, Buchanan County, Virginia

Watie Catherine Horn Steele
b. 20 Feb 1868, Pilgrims Knob, Buchanan County, Virginia
d. 26 Nov 1960, Pilgrims Knob, Buchanan County, Virginia

Squire Washington Horn
b. 15 Sep 1839
d. 16 May 1918, Buchanan County, Virginia
PVT Company C, 34 Batt., VA Cav., CSA

(This is a not a complete list of everyone buried in the Ward Cemetery at Pilgrims Knob, Virginia, in Buchanan County.)

==========
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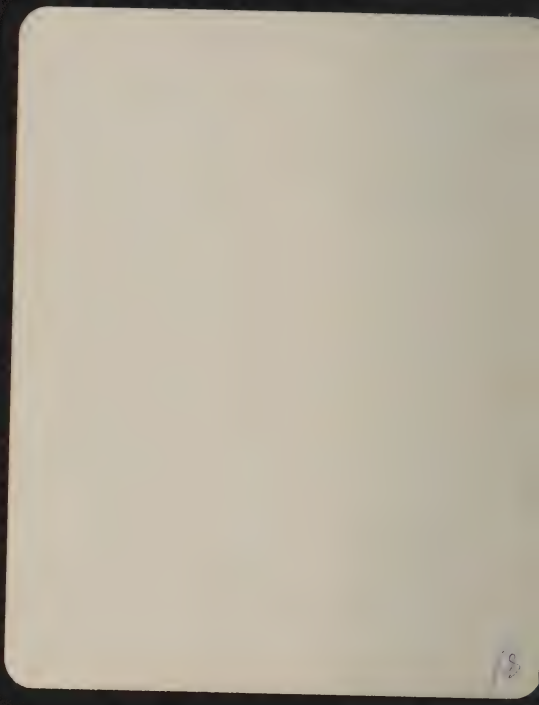

77

1930 District I
Eden Martin County KY

59	Blankenship Lewis	Head	O	300		yes	m	W	37	m
	Stepp ——— Sarah	Wife H				x	F	W	33	m
	* ——— Bertha	Daughter				x	F	W	14	S
	——— Lorna	Daughter				x	F	W	4	S
	——— Fishinelle	Daughter				x	F	W	1 3/12	S
	——— Orelia	Father				x	m	W	87	m
	——— Liberity	Mother				x	F	W	65	m

X - married Charles G. Horn

Ancestry.com
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Search > Census > U.S. Census > 1930 U.S. Federal Census > Kentucky > Martin > Lick Branch > District 2

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29				—	[illegible]	[illegible]					[illegible]	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]
30				—	[illegible]	[illegible]					[illegible]	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]
31		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	M	[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
32				—	[illegible]	[illegible]					[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
33				—	[illegible]	Daughter					[illegible]	[illegible]	[illegible]	[illegible]		[illegible]		[illegible]
34		[illegible]	[illegible]	Lindsett, [illegible]	[illegible]	Head	M	[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
35				—	[illegible]	Wife					[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
36				—	[illegible]	Son					[illegible]	[illegible]	[illegible]	[illegible]		[illegible]		[illegible]
37				—	[illegible]	Son					[illegible]	[illegible]	[illegible]	[illegible]		[illegible]		[illegible]
38				—	[illegible]	Daughter					[illegible]	[illegible]	[illegible]	[illegible]		[illegible]		[illegible]
39		[illegible]	[illegible]	Lindsett, [illegible]	Head	O		[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
40				—	[illegible]	Brother-in-law					[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
41				—	[illegible]	Son					[illegible]	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]
42				—	[illegible]	Son					[illegible]	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]
43				—	[illegible]	Daughter					[illegible]	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]
44				—	[illegible]	Son					[illegible]	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]
45				—	[illegible]	Daughter					[illegible]	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]
46				—	[illegible]	Son					[illegible]	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]
47				—	[illegible]	Son					[illegible]	[illegible]	[illegible]	[illegible]		[illegible]		[illegible]
48				—	[illegible]	Son					[illegible]	[illegible]	[illegible]	[illegible]		[illegible]		[illegible]
49				—	[illegible]	Daughter					[illegible]	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]
50		[illegible]	[illegible]	Lindsett, Edward	Head	O		[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

ABBREVIATIONS TO BE USED IN COLUMNS DESIGNATED:

Image 20 of 23 Go
Image
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Form 15-6

DEPARTMENT OF COMMERCE—BUREAU OF THE CENSUS

FIFTEENTH CENSUS OF THE UNITED STATES: 1930

POPULATION SCHEDULE

State: Kentucky
County: Marion
Township or other division of county: Magisterial District No 1
Incorporated place: (Enter name of city, town, village, borough, or township. See instructions.)
Ward of city:
Block No.:
Unincorporated place: (Enter name of city, town, village, borough, or township. See instructions.)
Institution: (Enter name of institution, if any, and indicate the floor on which the entries are made. See instructions.)
Enumeration District No. 80-8
Supervisor's District No. 8
Sheet No. 11-A
6807
209

Enumerated by me on April 18, 1930, H B Blackburn, Enumerator.

Line	Street	House No.	Dwelling No.	Family No.	Name	Relation	Home Owned or Rented	Value or Rent	Radio set	Farm	Sex	Color or race	Age	Marital status	Age at first marriage	Attended school	Able to read	Able to write	Place of birth: Person	Place of birth: Father	Place of birth: Mother	Mother tongue (or native language) of foreign born	Citizenship	Occupation	Industry	Class of worker	Employment	Veteran
1		147	143		Blackburn Lile	Head	R	1/3		yes	m	w	27	m	20	no	yes		Kentucky	Kentucky	Kentucky			Farmer	Farm farm	V V V V	O	yes	no
2					Fizie	wife					f	w	25	m	15	no	yes		Kentucky	Kentucky	Kentucky			None					
3					Mae	Daughter					f	w	6	s		yes			Kentucky	Kentucky	Kentucky			None					
4		143	138		Wade	Head	R	1/3		yes	m	w	24	s	22	no	yes		Kentucky	Kentucky	Kentucky			Farmer	Farm farm	V V V V	O	yes	no
5					Callie	Mother					f	w	52	w	17	no	yes		Kentucky	Kentucky	Kentucky			None					
6					Susie	Daughter					f	w	16	s		yes	yes		Kentucky	Kentucky	Kentucky			None					
7		148	145		Pinky Sotts	Head	O	500		yes	m	w	25	m	21	no	yes		Kentucky	Kentucky	Kentucky			Farmer	Farm farm	V V V V	O	yes	no
8					Mary	wife					f	w	23	m		no	yes		Kentucky	Kentucky	Kentucky			None					
9					Ruby	Daughter					f	w	2	s		yes			Kentucky	Kentucky	Kentucky			None					
10					Francis	Daughter					f	w	8/12	s		yes			Kentucky	Kentucky	Kentucky			None					
11		149	146		Blackburn Hiram	Head	O	5000		yes	m	w	63	m	26	no	yes		Kentucky	Kentucky	Kentucky			Farmer	Farm farm	V V V V	O	yes	no
12					Emma	wife					f	w	57	m	20	no	yes		Kentucky	Kentucky	Kentucky			None					
13					Wade	Son					m	w	37	s		no	yes		Kentucky	Kentucky	Kentucky			None					
14		146	141		Fletcher Martin	Head	R	1/3		yes	m	w	27	m	23	no	yes		Kentucky	Kentucky	Kentucky			Farmer	Farm farm	V V V V	O	yes	no
15					Pearle	wife					f	w	22	m	18	no	yes		Kentucky	Kentucky	Indiana			None					
16					Rogie	Daughter					f	w	2	s		yes			Kentucky	Kentucky	Kentucky			None					
17					Mattie	Son					m	w	5/12	s		yes			Kentucky	Kentucky	Kentucky			None					
18		147	142		Smith Steve	Head	R	1/3		yes	m	w	28	m	24	no	yes		Kentucky	Kentucky	Kentucky			Farmer	Farm farm	V V V V	O	yes	no
19					Sarah	wife					f	w	22	m	18	no	yes		Kentucky	Kentucky	Kentucky			None					
20					Brown	Daughter					f	w	1/12	s		yes			Kentucky	Kentucky	Kentucky			None					
21		144	140		Estes Jennie	mother	R	1/4		yes	m	w	23	w	23	yes	yes		Kentucky	Kentucky	Kentucky			Farmer	Farm farm	V V V V	O	yes	no
22					Bertha	Niece					f	w	18	m	19	no	yes		Kentucky	Kentucky	Kentucky			None					
23					Fields Julia	Mother-in-law					f	w	67	w	19	no	yes		Kentucky	Kentucky	Kentucky			None					
24					Ernest	Brother-in-law					m	w	1	s		no	no		Kentucky	Kentucky	Kentucky			None					
25					Lennie	Niece					f	w	1	s		no	no		Kentucky	Kentucky	Kentucky			None					
26					Allie	Niece					f	w	6	s		yes			Kentucky	Kentucky	Kentucky			None					
27					Ward Frankie	Brother-in-law					m	w	40	m	19	no	yes		Kentucky	Kentucky	Kentucky			None					
28		149	150		Fiske Jesse	Head	O	500		yes	m	w	63	m	22	no	yes		Kentucky	Kentucky	Kentucky			Farmer	Farm farm	V V V V	O	yes	no
29					Pearle	wife					f	w	50	m	16	no	yes		Kentucky	Kentucky	Kentucky			None					
30					Elsie	daughter					f	w	17	s		no	yes		Kentucky	Kentucky	Kentucky			None					
31					Henry	son					m	w	13	s		no	yes		Kentucky	Kentucky	Kentucky			None					
32					Nannie	daughter					f	w	8	s		no			Kentucky	Kentucky	Kentucky			None					
33					Cecil	son					m	w	5	s		no			Kentucky	Kentucky	Kentucky			None					
34					Tom	son					m	w	4	s		no			Kentucky	Kentucky	Kentucky			None					
35		150	151		Tom Blackburn	Head	O	1000		yes	m	w	47	m	20	no	yes		Kentucky	Kentucky	Kentucky			Farmer	Farm farm	V V V V	O	yes	no
36					Bettie	Wife					f	w	49	m	22	no	yes		Kentucky	Kentucky	Kentucky			None					
37					Cecil	Daughter					f	w	26	s		no	yes		Kentucky	Kentucky	Kentucky			None					
38					Stella	Daughter					f	w	19	s		no	yes		Kentucky	Kentucky	Kentucky			None					
39					Nilda	Daughter					f	w	15	s		no	yes		Kentucky	Kentucky	Kentucky			None					
40					Willie	Son					m	w	15	s		no	yes		Kentucky	Kentucky	Kentucky			None					
41					Louie	Daughter					f	w	10	s		no	yes		Kentucky	Kentucky	Kentucky			None					
42		144	141		Dorsey	Head	R	1/3		yes	m	w	21	m	20	no	yes		Kentucky	Kentucky	Kentucky			Farmer	Farm farm	V V V V	O	yes	no
43					Dora	Wife					f	w	22	m	21	no	yes		Kentucky	Kentucky	Kentucky			None					
44					James	Son					m	w	3	s		no			Kentucky	Kentucky	Kentucky			None					
45					Mary	Daughter					f	w	3/12	s		no			Kentucky	Kentucky	Kentucky			None					
46		152	153		Jesse Elijah	Head	O	1/3		yes	m	w	40	s	24	no	yes		Kentucky	Kentucky	Kentucky			Farmer	Farm farm	V V V V	O	yes	no
47					Pearl	Wife					f	w	35	s	19	no	yes		Kentucky	Kentucky	Kentucky			None					
48					Tessie	Son					m	w	15	s		no	yes		Kentucky	Kentucky	Kentucky			None					
49					Pauline	Daughter					f	w	12	s		no	yes		Kentucky	Kentucky	Kentucky			None					
50					Oscar	Son					m	w	10	s		no	yes		Kentucky	Kentucky	Kentucky			None					

ABBREVIATIONS TO BE USED IN COLUMNS INDICATED:

Col. 6—Relationship: home-owner or rent family by blood or adoption; head of family; wife; mother; father; son; daughter; mother-in-law; father-in-law; son-in-law; daughter-in-law; brother; sister; brother-in-law; sister-in-law; grandchild; niece; nephew; uncle; aunt; boarder; lodger; servant; hired farm hand; partner.

Col. 9—Radio set: Y or N.

Col. 10—Farm: Y or N.

Col. 12—Sex: m, f.

Col. 13—Color or race: w, Negro, Indian, Chinese, Japanese, Filipino, Korean, Hindu, Mulatto, Malay, Other.

Col. 14—Age: Number.

Col. 15—Marital status: s, m, w, d.

Col. 16—Age at first marriage: Number.

Col. 17—Attended school: Yes or No.

Col. 18—Able to read: Yes or No.

Col. 19—Able to write: Yes or No.

Col. 20—Place of birth: Person, Father, Mother: Kentucky, Tennessee, Virginia, Germany, Ireland, Scotland, Wales, Canada, Mexico, Cuba, Italy, Poland, Russia, Turkey, Greece, Japan, China, Philippine Islands, Other.

Col. 21—Mother tongue (or native language) of foreign born: Language spoken in home before coming to the United States.

Col. 22—Citizenship: Year of immigration; Naturalized; Naturalization papers.

Col. 23—Occupation: Trade, profession, or particular kind of work, as cotton, farm, grocery, store, salesman, teacher, laborer, etc.

Col. 24—Industry: Industry or business, as cotton mill, dry goods store, shipyard, public school, etc.

Col. 25—Class of worker: Employer, Salary or wage, Worker on own account, Unpaid family worker.

Col. 26—Employment: Whether actually at work yesterday (or last regular working day); If not, the number of weeks since last regular employment.

Col. 27—Veteran: Whether a veteran of U. S. military or naval forces; Year of service.

ENTRIES ARE REQUIRED IN THE SEVERAL COLUMNS AS FOLLOWS:

Col. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, and 23—For all persons.

Col. 21—For all persons of foreign or mixed foreign parentage.

Col. 22—For all persons of foreign birth.

Col. 24, 25, and 26—For persons 10 years of age and over.

Col. 27—For persons 18 years of age and over.

1930 Martin

State: Tennessee

Incorporated place: _____

County: Davidson

Ward of city: _____ Block No. _____

Township or other division of county: 7th Civil District 3rd Ward (Part)

Unincorporated place: _____

	PLACE OF ABODE				NAME	RELATION	HOME DATA				PERSONAL DESCRIPTION					EDUCATION		
	Street, avenue, road, etc.	House number	Dwelling house number	Farm schedule	Enter surname first, then the given name and middle initial, if any	Relationship of this person to the head of the family	Home owned or rented	Value of home, if owned, or monthly rental, if rented	Radio set	Does this family live on a farm?	Sex	Color or race	Age at last birthday	Marital condition	Age at first marriage	Attended school or college at any time since Sept. 1, 1929	Whether able to read and write	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
51					[illegible]	Son				Yes	M	W	3	S		No		
52			52	52	Wm. E.	Head	R	[illegible]	No	[illegible]	M	W	44	M	21	No	Yes	
53					Rosie	Wife				No	F	W	35	M	17	No	Yes	
54					Martha	Dau				No	M	W	14	S		Yes	Yes	
55					Gerald	Son				No	M	W	11	S		Yes	Yes	
56					Lucy	Daughter				No	F	W	5	S		No	[illegible]	
57					Junior	Son				No	M	W	2	S		No	[illegible]	
58			53	53	Thos. J. B.	Head	O	[illegible]	No	[illegible]	M	W	39	M	23	No	Yes	
59					Ella	Wife				No	F	W	42	M	21	No	Yes	
60					Nora B.	Daughter				No	F	W	6	S		No	[illegible]	
61			54	54	Thomas L.	Head	R	[illegible]	No	No	M	W	24	M	19	No	Yes	

		Katherine	Daughter				v	F	W	6	S		No	Kentucky
		— Bernard	Son				v	M	W	[illegible]	S		No	Kentucky
5	5	[illegible] Bill	Head			M	yes	M	W	[illegible]	M	23	No yes	Ohio
		— Marie	Wife H			No	[illegible]	F	W	21	M	17	No yes	Kentucky
		— Robert Raymond	Son				v	M	W	[illegible]	S		No yes	West Virginia
6	6	[illegible]	Head	O 5[illegible]		[illegible]		M	W	[illegible]	M	[illegible]	No yes	Kentucky
		— [illegible]	Wife H				x	F	W	30	M	[illegible]	No yes	Kentucky
		— Hazel	Daughter				x	F	W	17	S		No yes	Kentucky
		— [illegible]	Daughter				x	F	W	15	S		Yes yes	Kentucky
		— [illegible] Jane	Daughter				x	F	W	13	S		Yes yes	Kentucky
		— [illegible]	Daughter				x	F	[illegible]	11	S		yes yes	Kentucky
		— [illegible]	Son				x	M	W	8	S		Yes	Kentucky
		— Lloyd	Son				x	M	W	6	S		Yes	Kentucky
		— [illegible]	Daughter				x	F	W	3	S		No	Kentucky
		— [illegible] Mary	Daughter				x	F	W	[illegible]	S		No	Kentucky
8	8	[illegible] Fred	Head	O 3[illegible]		M	yes	M	W	51	M	16	No yes	West Virginia
		— Mary	Wife H				x	F	W	75	M	17	No yes	West Virginia
		— [illegible]	Daughter				x	F	W	[illegible]	S		No yes	Kentucky
		— [illegible]	Daughter				x	F	W	18	S		yes yes	Kentucky
9	9	[illegible]	Head	O 75		M	no	M	W	[illegible]	M	17	No yes	Kentucky
		— Millie	Wife H				v	F	W	3[illegible]	M	17	No yes	Kentucky
		— Donna	Daughter				v	F	W	13	S		Yes yes	Kentucky

Large (842x632)

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1930 Martin County Ky
Warfield

1930 Martin County

State: Indiana

Enumeration District: [illegible]

County: Martin

Ward of city: _____ Block No. _____

Township or other division of county: Mart. Twp. 3. Big Ellis (part) Little Rock Branch

Incorporated place: _____

Unincorporated place: _____

	Place of abode: Number of dwelling house in order of visitation	Place of abode: Number of family in order of visitation	Place of abode: Number of farm schedule	Place of abode: Number of farm	Name (Enter surname first, then the given name and middle initial, if any. Include every person living on April 1, 1930. Omit children born since April 1, 1930)	Relation (Relationship of this person to the head of the family)	Home owned or rented	Value of home, if owned, or monthly rental, if rented	Radio set	Does this family live on a farm?	Sex	Color or race	Age at last birthday	Marital condition	Age at first marriage	Attended school or college any time since Sept. 1, 1929?	Whether able to read and write	Place of birth
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
1			10	10	Hon Geo.	Head H	O		No	yes	M	W	44	M	22	No	yes	Ky
2					Francis	Wife H				x	F	W	43	M	16	No	yes	Ky
3					Charles	Son				x	M	W	14	S		No	yes	Ky
4					Blanche	Daughter				x	F	W	16	S		yes	yes	Ky
5					John R	Son				x	M	W	12	S		yes	yes	Ky
6					Helen	Daughter				x	F	W	10	S		yes	yes	Ky
7					Bernice	Son				x	M	W	6	S		No	No	Ky
8			11	11	Crum James A	Head H	O		No	yes	M	W	49	M	18	No	yes	Ky
9					Jane	Wife H				x	F	W	50	M	19	No	yes	Ky
10					Vernay	Brother				x	M	W	17	S		No	yes	Ky
11					Miller James	Brother				x	M	W	62	W	37	No	yes	Ky
12			12	12	White Hays	Head H	R		No	yes	M	W	57	M	21	No	yes	Ky
13					Jane	Wife H				x	F	W	42	M	17	No	yes	Ky
14					Orville	Son				x	M	W	19	S		No	yes	Ky
15					Lorin Ora	Daughter				x	M	W	21	S		No	yes	Ky

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1930 Martin Co. Ky
Warfield

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1					Elvis	Kingston				W	M	W	17	S			
2					Richard	[illegible]				X	M	W	16	S			
3					[illegible]	[illegible]				X	M	W	13	C			
4					[illegible]	Kingston				X	M	W	18	S			
5					Pauline	Kingston				X	M	W	8	S			
6					Christine	Kingston				X	M	W	2	S			
7			44	44	Hamilton Eloa	Pikeville	G	Boone	Mayne			W	[illegible]	[illegible]			
8					[illegible]	[illegible] H				X	M	W	25	S			
9					[illegible]	[illegible]				X	M	W	52	[illegible]	[illegible]		
10			45	45	Maccamon Albert	Pikeville	K	[illegible]	[illegible]	Mayne	M	W	61	M	[illegible]		
11					Bettie	[illegible] H				V	M	W	55	M	[illegible]		
12					Minnie	[illegible]				V	M	W	35	W	[illegible]		
13			46	46	Hamilton [illegible]	Pikeville	A	[illegible]	[illegible]	Mayne	M	W	33	M	[illegible]		
14					[illegible]	[illegible] H				V	M	W	[illegible]	M	[illegible]		
15					Eugene	[illegible]				V	M	W	5	S			
16					[illegible]	[illegible]				V	M	W	1	S			
17					Wallace	[illegible]				V	M	W	[illegible]	S			
18			47	47	Polly Martin	Pikeville	K	[illegible]	[illegible]	Mayne	M	W	[illegible]	M	[illegible]		
19					[illegible]	[illegible] H				X	M	W	[illegible]	M	[illegible]		
20					[illegible]	[illegible]				X	M	W	[illegible]	[illegible]	[illegible]		
21					[illegible]	[illegible]				X	M	W	[illegible]	S			
22			48	48	[illegible]	Pikeville	[illegible]	[illegible]	[illegible]	[illegible]	M	W	[illegible]	M	[illegible]		
23					[illegible]	[illegible] H				V	M	W	[illegible]	[illegible]	[illegible]		

1930 Martin Co Ky

Warfield

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17			
1			26	26	Brown Sarah	Head H	O	1000	MO	yes	M	W	96	Wd	21	MO	yes	[illegible]		
2					Estill	Daughter				X	M	W	3	S		MO	[illegible]	[illegible]		
3					Charlie	Son				X	M	W	[illegible]	S		MO	[illegible]	[illegible]		
4			27	27	Goldie Clara	Head	R	79	MO	No	M	W	62	M	44	MO	[illegible]	[illegible]		
5					Margaret	Wife H				V	M	W	[illegible]	M	50	MO	yes	[illegible]		
6					Robert	Son				V	M	W	16	S		MO	yes	[illegible]		
7					Lula	Daughter				V	M	W	18	S		MO	yes	[illegible]		
8					Olive	Daughter				V	M	W	12	S		MO	yes	[illegible]		
9					William	Son				V	M	W	7	S		MO	[illegible]	[illegible]		
10					Bertie	Daughter				V	M	W	[illegible]	S		MO	[illegible]	[illegible]		
11			28	28	Dean T. M.	Head	O	[illegible]	MO	yes	M	W	52	Wd	26	MO	yes	[illegible]		
12					Opal	Son				X	M	W	23	S		MO	yes	[illegible]		
13					Maude	Daughter				X	M	W	21	S		MO	yes	[illegible]		
14					Goldie	Daughter				X	M	W	19	S		MO	yes	[illegible]		
15					Bell	Daughter				X	M	W	17	S		MO	yes	[illegible]		
16					Boyd	Son				X	M	W	15	S		MO	yes	[illegible]		
17					Della	Daughter				X	M	W	11	S		MO	yes	[illegible]		
18					Billie	Son				X	M	W	9	S		MO	[illegible]	[illegible]		
19					Bruce	Son				X	M	W	[illegible]	S		MO	[illegible]	[illegible]		
20					Jennie M	Daughter				X	M	W	[illegible]	S		MO	[illegible]	[illegible]		
21			29	29	Dotson Dan	Head	O	50	W	yes	M	W	54	M	21	MO	yes	[illegible]		
22					Nancy	Wife H				X	M	W	48	M	16	MO	yes	[illegible]		
[illegible]					[illegible]	[illegible]				[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]		

Large (

Form 104

DEPARTMENT OF COMMERCE—BUREAU OF THE CENSUS

FIFTEENTH CENSUS OF THE UNITED STATES: 1930

POPULATION SCHEDULE

State: Kentucky — Incorporated place: — (Insert proper name and the name of town, or city, village, town, or borough. See instructions.)

County: Martin — Ward of city: — Block No.: —

Township or other division of county: (Emily District) # (precinct Pearl # Emily) — Unincorporated place: — (Enter name of city unincorporated place locally recognized by the inhabitants or users. See instructions.) — Institution: — (Insert name of hotel, asylum, if any, and indicate the line on which the entries are made. See instructions.)

Enumeration District No. 80-5 — Supervisor's District No. 9 — Sheet No. 11 B

Enumerated by me on April 24, 1930, Pearl Parsley, Enumerator.

5394

Line	Place of abode: Street, avenue, road, etc.	House number	Farm	Dwelling house no.	Family no.	Name	Relation	Home data: Home owned or rented	Owned free or mortgaged	Value or monthly rental	Radio set	Farm schedule	Personal description: Sex	Color or race	Age	Single, married, widowed, divorced	Married first time	Married, married, married, married	Married, married, married, married	Married, married, married, married	Education: Attended school or college	Able to read	Able to write	Able to speak English	Place of birth: Person	Father	Mother	Mother tongue (or native language) of foreign born	Citizenship: Year of immigration	Naturalized	Year of naturalization	Attended school	Able to read	Able to write	Able to speak English	Occupation: Trade, profession, or particular kind of work	Industry	Code	Class of worker	Employment: Whether actually at work yesterday (or last regular working day)	Yes or No	If not, then number of weeks	Veterans: Whether a veteran of U. S. military or naval forces	Yes or No	Which war or expedition	Farm schedule line
1	2	3	4			2				7	8	9	10	11	12	13	14	15	16	17	18				19	20	21	22	23	24						25	26	D	27	28	29		30	31	32	33	34	35
51						Mullins Hobbs	H. Daughter						Yes	F	W	8	S				Yes	Yes			Kentucky	Kentucky	Kentucky										None											51
52						Dewey	H. Son						No	M	W	3/12	S				No	Yes			Kentucky	Kentucky	Kentucky										None											52
53			155	170		Mullins Hankin	Head	R					Yes	M	W	37	M	20	No	Yes	Kentucky	Kentucky	Kentucky													Yes	Labour	Farm	VIW	W	Yes		No					53
54						Cretia	Wife H						X	F	W	22	M	20	No	Yes	Kentucky	Kentucky	Kentucky													Yes	None											54
55						Opal	Daughter						X	F	W	15	S		Yes	Yes	Kentucky	Kentucky	Kentucky													Yes	None											55
56						Madge	Daughter						X	F	W	11	S		Yes	Yes	Kentucky	Kentucky	Kentucky													Yes	None											56
57						Lizzie	Daughter						X	F	W	6	S		No	1/12	Kentucky	Kentucky	Kentucky													Yes	None											57
58			179	191		Muncy John	Head	R					Yes	M	W	60	M	26	No	Yes	Kentucky	Kentucky	Virginia													Yes	Farmer	Farm	VIW	O	Yes		No			77		58
59						Lydda	Wife H						X	F	W	52	M	18	No	Yes	Kentucky	Kentucky	Kentucky													Yes	none											59
60						Thurman	Son						X	M	W	33	M	10	No	Yes	Kentucky	Kentucky	Kentucky													Yes	Laborer	Farm	VIW	O	Yes		No					60
61						Connie	Daughter						X	F	W	26	S		No	Yes	Kentucky	Kentucky	Kentucky													Yes	None											61
62						Sarah	Daughter-in-law						X	F	W	21	M	18	No	Yes	Kentucky	Kentucky	Kentucky													Yes	None											62
63						Grace	G. Daughter						X	F	W	5 9/12	S		No	1/12	Kentucky	Kentucky	Kentucky														None											63
64						Martha	G. Daughter						X	F	W	3 11/12	S		No	1/12	Kentucky	Kentucky	Kentucky														None											64
65						Lucian	Son						X	M	W	1 8/12	S		No	Yes	Kentucky	Kentucky	Kentucky													Yes	None											65
66						Dolbie	G. Daughter						X	F	W	10	S		Yes	Yes	Kentucky	Kentucky	Kentucky														None											66
67			170	172		Evans Sherman	Head	R					Yes	M	W	50	M	22	No	Yes	Kentucky	Kentucky	Kentucky													Yes	Farmer	Farm	VIW	O	Yes		No			98		67
68						Minnie	Wife H						X	F	W	36	M	20	No	Yes	Kentucky	Kentucky	Kentucky													Yes	none											68
69						Hobbie	Daughter						X	F	W	15	S		Yes	Yes	Kentucky	Kentucky	Kentucky													Yes	None											69
70						Russell	Son						X	M	W	13	S		Yes	Yes	Kentucky	Kentucky	Kentucky													Yes	None											70
71						Hazel	Daughter						X	F	W	10	S		No	Yes	Kentucky	Kentucky	Kentucky														None											71
72						Alsha	Daughter						X	F	W	7 11/12	S		No	1/12	Kentucky	Kentucky	Kentucky														None											72
73						Dollie	Daughter						X	F	W	1 1/12	S		No	1/12	Kentucky	Kentucky	Kentucky														None											73
74						Ema	Daughter						X	F	W	1 1/12	S		No	1/12	Kentucky	Kentucky	Kentucky														None											74
75			191	193		Parsley George	Head	O					Yes	M	W	42	M	38	No	Yes	Kentucky	Kentucky	Kentucky													Yes	Farmer	Own Farm	VIW	O	Yes		No			97		75
76						Fanny	Wife H						X	F	W	25	M	21	No	Yes	Kentucky	Kentucky	Kentucky													Yes	none											76
77						Thurmd	Daughter						X	F	W	9 7/12	S		No	1/12	Kentucky	Kentucky	Kentucky														None											77
78						Irene	Daughter						X	F	W	7 10/12	S		No	1/12	Kentucky	Kentucky	Kentucky														None											78
79			172	174		Priest Edna	Head H	R					Yes	F	W	27	Wd.	14	No	Yes	Kentucky	Kentucky	Kentucky													Yes	none											79
80						Beaulah	Daughter						X	F	W	12	S		Yes	Yes	Kentucky	Kentucky	Kentucky													Yes	None											80
81						Maud	Daughter						X	F	W	10	S		Yes	Yes	Kentucky	Kentucky	Kentucky													Yes	None											81
82						Mae	Daughter						X	F	W	7	S		Yes	1/12	Kentucky	Kentucky	Kentucky														None											82
83						Frankie	Brother						X	M	W	3 8/12	Wd.		No	Yes	Kentucky	Kentucky	Kentucky													Yes	none											83
84						Lutie	Niece						X	F	W	11	S		Yes	Yes	Kentucky	Kentucky	Kentucky													Yes	None											84
85			175	177		Blackburn William	Head	R					Yes	M	W	45	M	27	No	Yes	West Virginia	West Virginia	West Virginia													Yes	Farmer	Farm	VIW	O	Yes		No			100		85
86						Viarcha	Wife H						X	F	W	45	M	16	No	No	Kentucky	Kentucky	Kentucky													Yes	none											86
87						Thomas	Son						X	M	W	23	S		No	Yes	Kentucky	Kentucky	Kentucky													Yes	Laborer	Saw mill	1844	W	Yes							87
88						Wallace	Son						X	M	W	15	S		No	Yes	Kentucky	Kentucky	Kentucky													Yes	none											88
89						Elizabeth	Daughter						X	F	W	14	S		No	Yes	Kentucky	West Virginia	Kentucky													Yes	None											89
90						Mary	Daughter						X	F	W	4 4/12	S		No	Yes	Kentucky	West Virginia	Kentucky													Yes	None											90
91						Parsley Noah	Stepson						X	M	W	21	S		No	Yes	West Virginia	West Virginia	Kentucky													Yes	Helper	Farm	VIW	W	Yes							91
92						Parsley Louis	Stepson						X	M	W	17	S		No	Yes	West Virginia	West Virginia	Kentucky													Yes	Helper	Farm	VIW	W	Yes							92
93			174	176		Burgett Bill	Head	O					Yes	M	W	32	M	20	No	Yes	Kentucky	Kentucky	West Virginia													Yes	Farmer	Own Farm	VIW	O	Yes		No			101		93
94						Jada	Wife H						X	F	W	32	M	20	No	Yes	Kentucky	Kentucky	Kentucky													Yes	none											94
95						Cecil	Brother						X	M	W	20	Wd.	21	No	Yes	West Virginia	West Virginia	Kentucky													Yes	None											95
96						Theiza ab.	Daughter						X	F	W	13	S		Yes	Yes	West Virginia	Kentucky	Kentucky													Yes	None											96
97						Mozo ab.	Son						X	M	W	10	S		Yes	Yes	West Virginia	Kentucky	Kentucky													Yes	None											97
98			195	197		Harmon Uriah	Head	O					Yes	M	W	75	M	27	No	Yes	Kentucky	Virginia	Virginia													Yes	Farmer	Own Farm	VIW	O	Yes		No			102		98
99						Betty	Wife H						X	F	W	71	M	23	No	Yes	West Virginia	West Virginia	West Virginia													Yes	none											99
100						Renfa	Son						X	M	W	33	Wd.	22	No	Yes	Kentucky	Kentucky	West Virginia													Yes	Laborer	Farm	VIW	W	Yes							100

ABBREVIATIONS TO BE USED IN COLUMNS IS INDICATED: Col. 5—Indicate home owner by O, home owned by mortgage by M, home rented by R, home not owned by X. Col. 6—Enter the value of home owned. Col. 7—Enter the monthly rental of home rented. Col. 8—Write "Yes" if a radio set is in the dwelling house. Col. 9—Write "Yes" if a farm schedule is taken for this family. Col. 10—Write "M" for male, "F" for female. Col. 11—Enter color or race as W, Ne, Mu, Ch, Jap, Ind, etc. Col. 12—Enter age at last birthday. Col. 13—Write "S" for single, "M" for married, "Wd." for widowed, "D" for divorced. Col. 14—Write "Yes" if married first time, "No" if married more than once. Col. 15—Write "Yes" if able to read. Col. 16—Write "Yes" if able to write. Col. 17—Write "Yes" if able to speak English. Col. 18—Enter the state or country in which the person was born. Col. 19—Enter the state or country in which the father was born. Col. 20—Enter the state or country in which the mother was born. Col. 21—Enter the language spoken in home before coming to the United States. Col. 22—Enter the year of immigration. Col. 23—Enter "Yes" if naturalized. Col. 24—Enter "Yes" if attended school. Col. 25—Enter "Yes" if able to read. Col. 26—Enter "Yes" if able to write. Col. 27—Enter "Yes" if able to speak English. Col. 28—Enter the trade, profession, or particular kind of work done by the person. Col. 29—Enter the industry in which the person is employed. Col. 30—Enter the code. Col. 31—Enter the class of worker. Col. 32—Enter "Yes" if actually at work yesterday (or last regular working day). Col. 33—Enter "Yes" if not at work. Col. 34—Enter the number of weeks not at work. Col. 35—Enter "Yes" if a veteran of U. S. military or naval forces. Col. 36—Enter the war or expedition. Col. 37—Enter the farm schedule line number.

ENTRIES ARE REQUIRED IN THE SEVERAL COLUMNS AS FOLLOWS: Col. 4, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, and 25—For all persons. Col. 26—For all persons 10 years of age and over. Col. 27, 28, 29, 30, 31, and 32—For all persons for whom an entry is made in Col. 26. Col. 33—For all persons 10 years of age and over. Col. 34—For all persons 10 years of age and over. Col. 35, 36, and 37—For all persons for whom an entry is made in Col. 35.

1930

Harmon, Uriah	75	27	
Betty	71	23	
Kenn—	33	22	wd
Preece, Jack	26	gd	son
Howard, Ada	19	gd	dau
Mills, Chloe	13	gd	dau
Harmon, Virginia	10	gd	dau
Louthisa	9	gd	dau
Rudolph	6	gd	son

Ky births

Howard, Adie 2 Sep 1911 Martin Harmon Columbia

Harmon, Radath 12-4-1922 Tishie Howard Martin

Minnie 10-20-1921 Tishie B. Howard "

Travis

Mills, Wm 8-13-1920

Tishie Howard

Rudolph Gaupe	11-29-1915	Martin
Minnie Harmon	10-20-1921	"
Travis Harmon	8-13-1918	"
Radath Harmon	12-4-1922	"
William Mills	8-13-1920	"
Hazel Muncy	10-18-1918	"

Form 16-4

DEPARTMENT OF COMMERCE—BUREAU OF THE CENSUS

FIFTEENTH CENSUS OF THE UNITED STATES: 1930

POPULATION SCHEDULE

State: Kentucky
County: Martin
Township or other division of county: (Emily District) # 5 (precinct Emily)
Incorporated place: (Enter proper name and the name of town, or city, village, town, or borough. See instructions.)
Ward of city:
Block No.:
Unincorporated place: (Enter name of city unincorporated place having approximately 2,500 inhabitants or more. See instructions.)
Institution: (Insert name of inst., asylum, if any, and indicate the line on which the entries are made. See instructions.)
Enumeration District No. 80-5
Supervisor's District No. 9
Sheet No. 11 B
Enumerated by me on April 24, 1930, Pearl Parsley, Enumerator.

1930 Pattern E.

Line	Place of abode: Street, avenue, road, etc.	House number	Farm: Farm schedule	Name	Relation	Home data: Home owned or rented	Value or monthly rental	Radio set	Personal description: Sex	Color or race	Age at last birthday	Marital condition	Attended school or college	Education: Able to read and write	Able to speak English	Place of birth: Person	Father	Mother	Mother tongue (or native language) of foreign-born: Language spoken in home before coming to the United States	Citizenship: Year of immigration	Naturalization	Year of naturalization	Occupation: Trade, profession, or particular kind of work, or science, art, etc.	Industry: Industry or business, as cotton mill, grain farm, dry goods store, shipyard, public school, etc.	Code	Employment: Class of worker	Veterans: Whether a veteran of U.S. military or naval forces	Year of war	Line
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
51	Kentucky			Mullins Goldie	Dau.				F 2/12	W	8	S	yes	Yes	Kentucky	Kentucky	Kentucky						None						51
52				—— Dewey	Son				M 3/12	W	3/12	S	No	Yes	Kentucky	Kentucky	Kentucky						None						52
53		155	170	Mullins Hankin	Head	R			M 37	W	37	M	20	No	yes	Kentucky	Kentucky	Kentucky					labour	Farm	VWW	W	yes	No	53
54				—— Cretie	Wife	H			F 22	W	22	M	20	No	yes	Kentucky	Kentucky	Kentucky					none						54
55				—— Ebal	Daughter				F 19	W	19	S	yes	yes	Kentucky	Kentucky	Kentucky						None						55
56				—— Madge	Daughter				F 11	W	11	S	No	No	Kentucky	Kentucky	Kentucky						None						56
57				—— Lizzie	Daughter				F 6	W	6	S	No	Yes	Kentucky	Kentucky	Kentucky						None						57
58		177	191	Muncy John	Head	R			M 60	W	60	M	26	No	yes	Kentucky	Kentucky	Virginia					Farmer	Farm	VWW	O	yes	No	77	58
59				—— Lyddia	Wife	H			F 52	W	52	M	18	No	yes	Kentucky	Kentucky	Kentucky					none						59
60				—— Sherman	Son				M 33	W	33	M	10	No	yes	Kentucky	Kentucky	Kentucky					labour	Farm	VWW	O	yes	No	60
61				—— Annie	Daughter				F 26	W	26	S	No	yes	Kentucky	Kentucky	Kentucky						None						61
62				—— Sarah	Daughter in law				F 21	W	21	M	18	No	yes	Kentucky	Kentucky	Kentucky					None						62
63				—— Grace	Daughter				F 8	W	8 2/12	S	No	Yes	Kentucky	Kentucky	Kentucky	Kentucky					None						63
64				—— Martha	Daughter				F 7	W	7 2/12	S	No	Yes	Kentucky	Kentucky	Kentucky	Kentucky					None						64
65				—— Lucian	Son				M 1	W	1	S	No	yes	Kentucky	Kentucky	Kentucky	Kentucky					None						65
66				—— Dollie	Daughter				F 10	W	10	S	yes	yes	Kentucky	Kentucky	Kentucky	Kentucky					None						66
67	Kentucky	170	172	Evans Sherman	Head	R			M 50	W	50	M	22	No	yes	Kentucky	Kentucky	Kentucky					Farmer	Farm	VWW	O	yes	No	98	67
68				—— Minnie	Wife	H			F 36	W	36	M	20	No	yes	Kentucky	Kentucky	Kentucky					none						68
69				—— Goldie	Daughter				F 5	W	5	S	yes	yes	Kentucky	Kentucky	Kentucky	Kentucky					None						69
70				—— Russell	Son				M 3	W	3	S	yes	yes	Kentucky	Kentucky	Kentucky	Kentucky					None						70
71				—— Hazel	Daughter				F 10	W	10	S	yes	yes	Kentucky	Kentucky	Kentucky	Kentucky					None						71
72				—— Ocha	Daughter				F 9 9/12	W	9 9/12	S	No	No	Kentucky	Kentucky	Kentucky	Kentucky					None						72
73				—— Dollie	Daughter				F 7	W	7 1	S	No	No	Kentucky	Kentucky	Kentucky	Kentucky					None						73
74				—— Ema	Daughter				F 7	W	7 1/12	S	No	No	Kentucky	Kentucky	Kentucky	Kentucky					None						74
75		191	193	Parsley George	Head	O			M 41	W	41	M	18	No	yes	Kentucky	Kentucky	Kentucky					Farmer	Own Farm	VWW	O	yes	No	97	75
76				—— Fanny	Wife	H			F 25	W	25	M	21	No	yes	Kentucky	Kentucky	Kentucky					none						76
77				—— Jerrel	Daughter				F 7	W	7 7/12	S	No	No	Kentucky	Kentucky	Kentucky	Kentucky					None						77
78				—— Irene	Daughter				F 1	W	1 4/12	S	No	No	Kentucky	Kentucky	Kentucky	Kentucky					None						78
79		192	194	Priest Edna	Head	R			F 27	W	27	Wd	14	No	yes	Kentucky	Kentucky	Kentucky					none						79
80				—— Beaulah	Daughter				F 7	W	10	S	yes	No	Kentucky	Kentucky	Kentucky	Kentucky					None						80
81				—— Maud	Daughter				F 10	W	10	S	yes	yes	Kentucky	Kentucky	Kentucky	Kentucky					None						81
82				—— Mae	Daughter				F 7	W	7	S	No	No	Kentucky	Kentucky	Kentucky	Kentucky					None						82
83				—— Frankie	Sister				F 19	W	19	Wd	No	yes	Kentucky	Kentucky	Kentucky	Kentucky					none						83
84				—— Lutie	Niece				F 11	W	11	S	yes	yes	Kentucky	Kentucky	Kentucky	Kentucky					None						84
85		195	197	Blackburn William	Head	R			M 46	W	46	M	17	No	yes	West Virginia	West Virginia	West Virginia					Farmer	Farm	VWW	O	yes	No	100	85
86				—— Dancha	Wife	H			F 45	W	45	M	16	No	No	Kentucky	Kentucky	Kentucky					none						86
87				—— Thomas	Son				M 23	W	23	S	No	yes	Kentucky	Kentucky	Kentucky	Kentucky					labour	Saw mill	PWW	W	yes		87
88				—— Wallace	Son				M 18	W	18	S	No	yes	Kentucky	Kentucky	Kentucky	Kentucky					none						88
89				—— Elizabeth	Daughter				F 14	W	14	S	No	yes	Kentucky	Kentucky	West Virginia	Kentucky					None						89
90				—— Mary	Daughter				F 14	W	14	S	yes	yes	Kentucky	Kentucky	West Virginia	Kentucky					None						90
91				Parsley Noah	Stepson				M 21	W	21	S	No	yes	West Virginia	West Virginia	West Virginia	Kentucky					Helper	Farm	VWW	W	yes		91
92				Parsley Longs	Stepson				M 17	W	17	S	No	yes	West Virginia	West Virginia	West Virginia	Kentucky					Helper	Farm	VWW	W	yes		92
93	Emily Creek	197	199	Burnett Bill	Head	O			M 38	W	38	M	20	No	yes	Kentucky	Kentucky	West Virginia					Farmer	Own Farm	VWW	O	yes	No	107	93
94				—— Sadie	Wife	H			F 32	W	32	M	15	No	yes	Kentucky	Kentucky	Kentucky					none						94
95				—— Posie	Mother				F 76	W	76	Wd	22	No	yes	West Virginia	West Virginia	Kentucky					None						95
96				—— Thirza ab.	Daughter				F 13	W	13	S	yes	yes	West Virginia	Kentucky	Kentucky	Kentucky					None						96
97				—— Moses ab.	Son				M 10	W	10	S	yes	yes	West Virginia	Kentucky	Kentucky	Kentucky					None						97
98		195	197	Hanson Uriah	Head	O			M 75	W	27	No	yes	No	Kentucky	Virginia	Virginia	Virginia					Farmer	Own Farm	VWW	O	yes	No	102	98
99				—— Betty	Wife	H			F 71	W	22	No	yes	No	West Virginia	West Virginia	West Virginia	West Virginia					none						99
100				—— Ferrifa	Son				M 33	Wd	22	No	yes	No	Kentucky	Kentucky	West Virginia	Kentucky					labour	Farm	VWW	W	yes		100

ABBREVIATIONS TO BE USED IN COLUMNS 11 TO 17:

Col. 6—Indicate the home owned or rented locally by the letter "R," the home free of mortgage by the letter "F," the home mortgaged by the letter "M."

Col. 7—Radio set: R if it is owned by the family living in that dwelling unless it is rented; F if it is owned free of charge; M if it is owned on mortgage.

Col. 12—Write M for male, F for female.

Col. 13—Write W for white, Ne for Negro, Mu for mulatto, Ch for Chinese, Ja for Japanese, In for Indian, Ko for Korean, Fi for Filipino, Hi for Hindu, Ot for other race.

Col. 14—Write S for single, M for married, Wd for widowed, Di for divorced.

Col. 15—Write Yes or No.

Col. 16—Write Yes or No.

Col. 17—Write Yes or No.

Col. 18—Write the name of the country in which birthplace is now situated. (See instructions.) Distinguish Canada-French from Canada-English, and Irish Free State from Northern Ireland.

Col. 19—Write the name of the country in which the person's father was born.

Col. 20—Write the name of the country in which the person's mother was born.

Col. 21—Write the name of the language spoken in the home before coming to the United States.

Col. 22—Write the year of immigration to the United States.

Col. 23—Write the letter "N" if naturalized.

Col. 24—Write the year of naturalization.

Col. 25—Write the trade, profession, or particular kind of work, or science, art, etc., followed by the person.

Col. 26—Write the industry, business, or establishment in which the person works, as cotton mill, grain farm, dry goods store, shipyard, public school, etc.

Col. 27—Write the code for the industry, business, or establishment in which the person works, as given in the Industrial Code.

Col. 28—Write W if a wage earner, S if a salary earner, O if an employer or worker for a share of the profits, or N if a worker without pay or salary.

Col. 29—Write the letter "V" if a veteran of the Civil War, the World War, the Spanish-American War, the Philippine Insurrection, the Boxer Rebellion, or the China Relief Expedition.

Col. 30—Write the number of years of service in the military or naval forces of the United States.

Col. 31—Write the letter "W" if a veteran of the World War.

Col. 32—Write the number of the line on which the entries for the person are made.

ENTRIES MAY BE REQUIRED IN THE SEVERAL COLUMNS AS FOLLOWS:

Col. 6, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, and 21—For all persons.

Col. 7—For all persons if owner or rent free.

Col. 8, 9, and 10—For all persons if owner or rent free.

Col. 22—For all persons if born in foreign country.

Col. 23, 24, and 25—For all persons if born in foreign country.

Col. 26, 27, and 28—For all persons for whom an occupation is reported in Col. 25.

Col. 29—For all persons of 10 years of age and over.

Col. 30—For all persons if born in foreign country.

Col. 31—For all persons.

Col. 32—For all persons.

Form 15-6

DEPARTMENT OF COMMERCE—BUREAU OF THE CENSUS

FIFTEENTH CENSUS OF THE UNITED STATES: 1930

POPULATION SCHEDULE

State: Kentucky
County: Martin
Township or other division of county: Magoffin & Emma Enright District
Incorporated place: (Insert proper name and the name of city, village, town, or borough.)
Ward of city: Block No.:
Unincorporated place: (Enter name of any unincorporated place lying outside of an incorporated place.)
Institution: (Insert name of hospital, etc., and indicate the room on which the station was made.)
Enumeration District No. 80-5
Supervisor's District No. 8
Enumerated by me on April 24, 1930, Pearl Parsley, Enumerator.

Sheet No. 12 A 209

Line	Place of abode: Street, avenue, road, etc.	House number	Farm schedule	Dwelling number	Family number	Name	Relation	Home data: Owned or rented	Owned free or mortgaged	Value or rent	Farm	Radio	Personal description: Sex	Color or race	Age	Age at first marriage	Marital condition	Attended school or college	Years of school completed	Place of birth: Person	Father	Mother	Mother tongue (or native language) of foreign born	Citizenship: Year of immigration	Naturalization	Year of immigration	Occupation and industry: Occupation	Industry	Employment: Whether worked at a gainful occupation (or working on farm)	Hours	Veterans: Whether a veteran of U.S. Military or Naval forces	Year of war	Number of terms served	
1						Breeden Jack	Hd. Son				Yes		M	W	20	S		No	Yes	Kentucky	Kentucky	Kentucky					Helper	Farm	VWV	4				1
2						Howard Ada	Hd. Daughter						F	W	19	M		No	Yes	Kentucky	Kentucky	Kentucky					None							2
3						Mills Chloe	Hd. Daughter						F	W	13	S		No	Yes	Kentucky	Kentucky	Kentucky					None							3
4						Harmon Virginia	Hd. Daughter						F	W	10	S		No	Yes	Kentucky	Kentucky	Kentucky					None							4
5						——— Louise	Hd. Daughter						F	W	9	S		No	Yes	Kentucky	Kentucky	Kentucky					None							5
6						——— Rudolph	Hd. Son						M	W	6	S		No	Yes	Kentucky	Kentucky	Kentucky					None							6
7		246	246			Harmon Orlen	Head	O			Yes		M	W	35	M	27	No	Yes	Kentucky	Kentucky	West Virginia					Farmer	Farm	VWV	O	Yes	Yes	WW	103	7
8						——— Hazel	Wife H						F	W	27	M	23	No	Yes	Kentucky	Kentucky	Kentucky					None							8
9						——— Allen Jr.	Son						M	W	6	S		No	Yes	Kentucky	Kentucky	Kentucky					None							9
10						——— Nona	Daughter						F	W	6	S		No	Yes	Kentucky	Kentucky	Kentucky					None							10
11						——— Thomas	Son						M	W	4	S		No	Yes	Kentucky	Kentucky	Kentucky					None							11
12						——— Bruce	Son						M	W	3	S		No	Yes	Kentucky	Kentucky	Kentucky					None							12
13						——— Ethel L.	Daughter						F	W	1	S		No	Yes	Kentucky	Kentucky	Kentucky					None							13
14	245	197	197			Moore William	Head	O			Yes		M	W	73	M		No	No	Kentucky	Kentucky	Kentucky					Farmer	Own Farm	VWV	O	Yes	No		104	14
15						——— Viga	Wife H						F	W	63	M		No	No	Kentucky	Kentucky	Kentucky					None							15
16						——— Albert	Son						M	W	22	S		No	Yes	Kentucky	Kentucky	Kentucky					Helper	Farm	VWV	O	Yes			16
17						Chapman Cecil R.	Son						M	W	21	S		No	Yes	Kentucky	Kentucky	Kentucky					Helper	Farm	VWV	O	Yes			17
18		195	203			Moore Elmer	Head	O			Yes		M	W	53	M	19	No	Yes	Kentucky	Kentucky	Kentucky					Coal	Farm	VWV	W	Yes			18
19						——— Mae	Wife H						F	W	31	M	21	No	Yes	Kentucky	West Virginia	West Virginia					None							19
20						——— Peter Jr.	Son						M	W	3	S		No	Yes	Kentucky	Kentucky	Kentucky					None							20
21		197	201			Moore James	Head	O			Yes		M	W	44	M	19	No	Yes	Kentucky	Kentucky	Kentucky					Blacksmith	Shop	OWN	W	Yes		105	21
22						——— Minnie	Wife H						F	W	43	M	19	No	Yes	Kentucky	Kentucky	Kentucky					None							22
23						——— Carlos	Son						M	W	17	S		Yes	Yes	Kentucky	Kentucky	Kentucky					Laborer	Farm	VWV	W	Yes			23
24						——— Dewey	Son						M	W	15	S		Yes	Yes	Kentucky	Kentucky	Kentucky					Helper	Farm	VWV	W	Yes			24
25						——— Homer	Son						M	W	13	S		Yes	Yes	Kentucky	Kentucky	Kentucky					None							25
26						——— Percie	Daughter						F	W	7	S		Yes	Yes	Kentucky	Kentucky	Kentucky					None							26
27						——— Curtis	Son						M	W	6	S		No	No	Kentucky	Kentucky	Kentucky					None							27
28		200	202			Evans James	Head	R			Yes		M	W	34	M	20	No	Yes	Kentucky	Kentucky	Kentucky					Farmer	Farm	VWV	O	Yes	No		106	28
29						——— Martha	Wife H						F	W	31	M	17	No	Yes	Kentucky	Kentucky	Kentucky					None							29
30						——— Basil	Son						M	W	12	S		Yes	Yes	Kentucky	Kentucky	Kentucky					None							30
31						——— Alec	Son						M	W	9	S		Yes	No	Kentucky	Kentucky	Kentucky					None							31
32						——— Maggie	Daughter						F	W	7	S		Yes	No	Kentucky	Kentucky	Kentucky					None							32
33						——— Montana	Daughter						F	W	4	S		No	No	West Virginia	Kentucky	Kentucky					None							33
34						——— Ira	Son						M	W	4	S		No	No	West Virginia	Kentucky	Kentucky					None							34
35						——— Virginia	Daughter						F	W	2	S		No	No	West Virginia	Kentucky	Kentucky					None							35
36		201	203			Mullins William	Head	O			Yes		M	W	61	M	20	No	Yes	Kentucky	Kentucky	Kentucky					Farmer	Own Farm	VWV	O	Yes	No		107	36
37						——— Nancy	Daughter H						F	W	20	S		No	Yes	Kentucky	Kentucky	Kentucky					None							37
38						——— Isaac Cole	Son						M	W	23	S		Yes	Yes	Kentucky	Kentucky	Kentucky					None							38
39						——— Gilbert	Son						M	W	21	S		Yes	Yes	Kentucky	Kentucky	Kentucky					Helper	Farm	VWV	W	Yes			39
40						——— Lincoln	Son						M	W	14	S		Yes	Yes	Kentucky	Kentucky	Kentucky					None							40
41		202	204			White George	Head	O			Yes		M	W	38	M	19	No	No	Kentucky	Kentucky	Kentucky					Farmer	Own Farm	VWV	O	Yes	No		108	41
42						——— Mary	Wife H						F	W	30	M	21	No	No	Kentucky	Kentucky	Kentucky					None							42
43						——— Angeline	Daughter						F	W	8	S		No	No	Kentucky	Kentucky	Kentucky					None							43
44						——— Pearl	Daughter						F	W	5	S		No	No	Kentucky	Kentucky	Kentucky					None							44
45						——— Betty J.	Daughter						F	W	3	S		No	No	Kentucky	Kentucky	Kentucky					None							45
46		203	205			Nichols Lewis	Head	O			Yes		M	W	61	M	19	No	Yes	Virginia	Virginia	Virginia					Farmer	Own Farm	VWV	O	Yes	No		109	46
47						——— Ella	Wife H						F	W	45	M	27	No	Yes	Kentucky	Kentucky	Kentucky					None							47
48						——— Willie	Son						M	W	17	S		No	Yes	Kentucky	Virginia	Kentucky					Helper	Farm	VWV	W	Yes			48
49						——— Nora	Daughter						F	W	15	S		Yes	Yes	Kentucky	Virginia	Kentucky					None							49
50						——— Stella	Daughter						F	W	11	S		Yes	Yes	Kentucky	Virginia	Kentucky					None							50

Emma Enright Cr.
Middle Fork Cr.
Whitaker Creek

ABBREVIATIONS TO BE USED IN COLUMNS 5 AND 6: Col. 5—Indicate the home-seeker by each family by the letter "H," by leaving the word which shows the head of the family blank. Col. 6—Write the word "Head" for the head of the family; for others living in the home, write their relationship to the head of the family. Col. 12—White ... W; Negro ... Ne; Indian ... In; Chinese ... Ch; Japanese ... Jap; Filipino ... Fil; Korean ... Kor; Hindu ... Hin; Mulatto ... Mu; Other ... O. Col. 13—Single ... S; Married ... M; Widowed ... W; Divorced ... D. Col. 14—Enter age at first marriage. Col. 15—Enter 1 for all persons who attended school or college at any time since September 1, 1929. Col. 16—Enter highest grade completed. Col. 17—Enter the place of birth of each person enumerated and of his or her parents. If born in the United States, give State or Territory. If of foreign birth, give country in which birthplace is now situated. (See Instructions.) Distinguish Canada-French from Canada-English, and Irish Free State from Northern Ireland. Col. 18—Enter the language spoken in home before coming to the United States. Col. 19—Enter the year of immigration. Col. 20—Enter the year of naturalization. Col. 21—Enter the number of years in the United States. Col. 22—Enter the occupation of each person 10 years of age and over. Col. 23—Enter the industry in which the person listed in column 22 works. Col. 24—Enter the number of hours per week the person listed in column 22 works. Cols. 25, 26—For all persons 16 years of age and over. Col. 27—For all persons 15 years of age and over. Cols. 28, 29—For all persons who are veterans of the World War. Col. 30—For veterans of the World War and some.

ENTRIES ARE REQUIRED IN THE SEVERAL COLUMNS AS

1930

DEPARTMENT OF COMMERCE—BUREAU OF THE CENSUS
FIFTEENTH CENSUS OF THE UNITED STATES: 1930
POPULATION SCHEDULE

State: Ohio | County: Scioto | Township or other division of county: Vernon Township | Incorporated place: | Ward of city: | Block No.: | Unincorporated place: | Institution:

Enumeration District No. 73-22 | Supervisor's District No. 26 | Sheet No. 8-B | 7800

Enumerated by me on April 22, 1930, William J Sheppard, Enumerator.

(Margin, written vertically: Red Point Road; Poplar Lick Road)

Line	Dwelling No.	Family No.	Name	Relation	Home owned or rented	Value or rent	Radio set	Farm	Sex	Color or race	Age	Marital condition	Age at first marriage	Attended school	Read and write	Birthplace – Person	Birthplace – Father	Birthplace – Mother	Mother tongue	Code A	Code B	Code C	Year of immigration	Naturalization	Speak English	Occupation	Industry	Code D	Class of worker	At work yesterday	Veteran	Farm schedule No.
51			Weaver Clifford	son				yes	M	W	16	S		yes	yes	Ohio	Ohio	Ohio		59					yes	none						
52			— Elma	daughter				x	F	W	13	S		yes	yes	Ohio	Ohio	Ohio		59					yes	none						
53			— Walter	son				x	M	W	10	S		yes	yes	Ohio	Ohio	Ohio		59					yes	none						
54			— Ruth	daughter				x	F	W	4 2/12	S		no		Ohio	Ohio	Ohio		59						none						
55			— Arline	daughter				x	F	W	1 9/12	S		no		Ohio	Ohio	Ohio		59						none						
56	144	148	Morgan, Ford M.	Head	O			yes	M	W	74	M	22	no	yes	Ohio	Virginia	Virginia		59					yes	farmer	general farm	VVVV	O	yes	no	94
57			— Francis	wife-H				x	F	W	72	M	18	no	no	Kentucky	Kentucky	Kentucky		80					yes	none						
58	145	149	Jones Ashby	Head	R			x	M	W	47	S		no	yes	Ohio	Ohio	Ohio		59					yes	Laborer	general farm	VIVV	W	no	no	
59	146	150	Lewis John	Head	R	5		yes	M	W	35	M	33	no	yes	Kentucky	Kentucky	Kentucky		50					yes	Laborer	tie maker	98V1	W	yes	no	95
60			— Nellie	wife-H				x	F	W	20	M	18	no	yes	West Virginia	Kentucky	Kentucky		75					yes	none						
61			— Gladys	daughter				x	F	W	10/12	S		no		Ohio	West Virginia	Kentucky		59					yes	none						
62	147	151	Weaver Jimson	Head	O			yes	M	W	73	Wd		no	yes	Ohio	Ohio	Ohio		59					yes	farmer	general farm	VVVV	O		no	96
63			— Ora	son				x	M	W	47	S		no	yes	Ohio	Ohio	Ohio		59					yes	none					no	
64	148	152	Gable Jackson	Head	O			yes	M	W	68	S		no	yes	Ohio	Ohio	Virginia		59					yes	farmer	farm	VVVV	O		no	97
65			— Josie	sister-H				x	F	W	61	S		no	yes	Ohio	Ohio	Virginia		59					yes	none						
66			— Jasper	brother				x	M	W	76	Wd		no	yes	Ohio	Ohio	Virginia		59					yes	none					no	
67			— Harvey	nephew				x	M	W	34	Wd		no	yes	Ohio	Ohio	Ohio		59					yes	miner	Coal Co	7872	W	yes	no	
68			— Olive V.	niece				x	F	W	5	S		no		Ky.	Ohio	Ohio		59						none						
69			— Monafa R.	niece				x	F	W	3 5/12	S		no		Ohio	Ohio	Ohio		59						none						
70	149	153	Carnigie William	Head	O			yes	M	W	48	M	28	no	yes	Germany	Germany	Germany	German	13	13	V	1881	Na	yes	farmer	general farm	VVVV	O	yes	no	98
71			— Myrtle	wife-H				x	F	W	39	M	18	no	yes	Kentucky	Kentucky	Kentucky		50					yes	none						
72			— Beatrice	daughter				x	F	W	16	S		yes	yes	Ohio	Germany	Kentucky		59	13	1			yes	none						
73	150	153	Wilson Charley	Head	O			yes	M	W	63	M	32	no	yes	Ohio	Ohio	Ohio		59					yes	farmer	general farm	VVVV	O	yes	no	99
74			— Martha	wife-H				x	F	W	53	M	20	no	yes	Ohio	Ohio	Ohio		59					yes	none						
75	151	154	Ardent Sylvester	Head	Un	Un		No	M	W	22	M	17	no	yes	Ohio	Ohio	Ohio		59					yes	Laborer	R.R. Shop	7825	W	yes	no	
76			— Elsie	wife-H				V	F	W	21	M	16	no	yes	Ohio	Ohio	Ohio		59					yes	none						
77			— Irene	daughter				V	F	W	3 2/12	S		no		Ohio	Ohio	Ohio		59						none						
78			— Elwood	son				V	M	W	2 8/12	S		no		Ohio	Ohio	Ohio		59						none						
79			— Eloiza	daughter				V	F	W	2/12	S		no		Ohio	Ohio	Ohio		59						none						
80			Broomfield Martha	niece				V	F	W	8	S		yes		Ohio	Ohio	Ohio		59						none						
81	152	155	Carter Rosie	Head	O			yes	F	W	45	M	21	no	yes	Ohio	Germany	Ohio		59	13	1			yes	farmer	general farm	VVVV	O	yes		100
82			— Mabel	daughter				x	F	W	24	S		no	yes	Ohio	Ohio	Ohio		59					yes	none						
83			— Earl	son				x	M	W	22	S		no	yes	Ohio	Ohio	Ohio		59					yes	Laborer	general farm	VIVV	W	yes	no	
84			— Jess	son				x	M	W	18	S		yes	yes	Ohio	Ohio	Ohio		59					yes	none						
85			— Lillian	daughter				x	F	W	11	S		yes	yes	Ohio	Ohio	Ohio		59					yes	none						
86			— William	son				x	M	W	11	S		yes	yes	Ohio	Ohio	Ohio		59					yes	none						
87	153	156	Smith Ralph J.	Head	O	1000		yes	M	W	29	M	22	no	yes	Ohio	Kentucky	Kentucky		59					yes	Helper	R.R. Shop	7725	W	yes	no	
88			— Hazel	wife-H				x	F	W	28	M	21	no	yes	Kentucky	Kentucky	Kentucky		80					yes	none						
89			— Gerald	son				x	M	W	6	S		no		Ohio	Kentucky	Kentucky		59						none						
90			— Harry D.	son				x	M	W	3 5/12	S		no		Ohio	Kentucky	Kentucky		59						none						
91	154	157	Martin George	Head	O			yes	M	W	62	M	22	no	yes	Kentucky	Kentucky	Kentucky		80					yes	farmer	general farm	VVVV	O	yes	no	101
92			— Alberta	wife-H				x	F	W	61	M	21	no	yes	Kentucky	Kentucky	Kentucky		80					yes	none						
93			— George M.	son				x	M	W	28	S		no	yes	Kentucky	Kentucky	Kentucky		80					yes	Laborer	general farm	VIVV	W	yes	no	
94			— Russel	son				x	M	W	20	S		yes	yes	Kentucky	Kentucky	Kentucky		80					yes	none						
95			— Bessie	daughter				x	F	W	26	S		no	yes	Kentucky	Kentucky	Kentucky		80					yes	none						
96			— Rosie	daughter				x	F	W	18	S		no	yes	Kentucky	Kentucky	Kentucky		80					yes	none						
97	155	158	Houk Leonard	Head	R			yes	M	W	49	M	21	no	yes	Kentucky	North Carolina	North Carolina		80					yes	farmer	general farm	VVVV	O	yes	no	102
98			— Ida	wife H				x	F	W	49	M	21	no	yes	Kentucky	North Carolina	Kentucky		80					yes	none						
99			— Edgar	son				x	M	W	19	S		no	yes	Kentucky	Kentucky	Kentucky		80					yes	none						
100			— Wayne	son				x	M	W	14	S		yes	yes	Kentucky	Kentucky	Kentucky		80					yes	none						

ABBREVIATIONS TO BE USED IN COLUMNS INDICATED:

ENTRIES ARE REQUIRED IN THE SEVERAL COLUMNS AS FOLLOWS:

1930 Martin County Ky
Warfield Dist. 4

7 April

		Clevey	Brother					x	M	W	17	S		No	N
		Miller Garnet	Brother					x	M	W	82	W 27		No	N
12	12	Wilhit Hage	Head H	R		No	40		M	W	57	M	21	No	N
		Jane	Wife H					x	M	W	42	M	17	No	N
		David	Son					x	M	W	19	S		No	N
		Brum Jess	Brother					x	M	W	21	S		No	N
13	13	Fitzpatrick Frank	Head H	O		No	40		M	W	37	M	25	No	N
		Alice	Wife H					x	M	W	31	M	19	No	N
		Esta	Daughter					x	M	W	11	S		40	N

			— Rosa	daughter			[illegible]	[illegible]	[illegible]	[illegible]				
			— Gilford	Son			[illegible]	[illegible]	[illegible]	[illegible]				
			— Grace	daughter			[illegible]	[illegible]	3	5				
			— Stanley	Son			[illegible]	[illegible]	3	5				
			— Hester	Son			[illegible]	[illegible]	1	5				
	101	101	Yates, Mary	Head	2	[illegible]	[illegible]	[illegible]	[illegible]	Wid.				
			— Ada	daughter			[illegible]	[illegible]	[illegible]	5				
			— Clara	daughter			[illegible]	[illegible]	[illegible]	5				
			— Tony	Son			[illegible]	[illegible]	1	5				
	102	102	Endicott, Marion	Head	0	[illegible]	[illegible]	[illegible]	36	[illegible]				
			— Oma	wife			[illegible]	[illegible]	30	[illegible]				
			Endicott, John	Father			[illegible]	[illegible]	[illegible]	Wid				
	103	103	Endicott, Benjamin	Head	0	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]				
			— Ellis	Wife			[illegible]	[illegible]	[illegible]	[illegible]				
			— Lottie	Son			[illegible]	[illegible]	15	S				
			— Floyd	Son			[illegible]	[illegible]	19	S				

1920 Mort x to Ky

ENUMERATED BY ME ON THE ... DAY O

	PLACE OF ABODE.				NAME of each person whose place of abode on January 1, 1920, was in this family.	RELATION.	TENURE		PERSONAL DESCRIPTION				CITIZENSHIP			OCCUPATION.			NATIVITY AND MOTHER TONGUE.			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	4				Endicott, Ercie	Daughter				20	5	1										
2	4				—— Marion	Son				21	3	2										
3	4				—— Lupie	Daughter					2	2										
4	4				—— [illegible]	Son					1											
5	Fm	04	104		Endicott, Thomas	Head	O	F		42	58	2										
6	4				—— Lena	Wife				40	39	2										
7	4				—— Young L.	Son				20	25	5										
8	4				—— Orpha	Daughter				18	15	5										
9	4				—— Nellie	Daughter				7	12	5										
10	4				—— Chris	Son				14	5	5										
11					—— Lewis Bell	Daughter				2	2.5											
12	4				—— Thomas	Son				4	1											
13	4				—— Ona	Daughter				7	3											
14	4				—— Lucy	Daughter																
15	4				—— Walter	Son																
16	4				—— Lucy	Daughter				8	1	4										
17	4				—— Sue	Daughter					1											
18	Fm	105	105		Endicott, Edward	Head	R			45	2	7										
19	4				—— Lizzie	Wife				2	17	4										
20	4				—— Cecil	Son				2	4	4										
21	4				—— Clarence	Son				2	1	4										
22	4				—— Russell	Daughter				1	1											
23	4				—— Mary	Daughter					1	2										
24	4				—— Nancy	Daughter				7	1	2										
25	4				—— Ivan	Daughter				7	1	1										
26	4				—— [illegible]	Son					12											
27	Fm	106	106		Endicott, John	Head	O	F		9	47	9										
28	4				—— Alice	Wife				4	30	4										
29	4				—— Raquel	Daughter				5	16	6										
30	4				—— Herbert	Son				4	1	5										
31	4				—— William R	Son				4	12	5										

1920 Martin Co. KY

✓				Jesse	Brother			M	W	13	S		
✓				Oliver	Brother			M	W	7	S		
HM	69	69	Horn	William G	Head	1	O	M	W	35	M		
✓				Carolina	Wife			F	W	25	M		
✓				Hazel	Daughter			F	W	7	S		
✓				Minnie	Daughter			F	W	5	S		
✓				Mary	Daughter			F	W	3	S		
✓				Ethel	Daughter			F	W	1	S		
HM	70	70	Horn	Fred	Head	1	O	M	W	70	M		
✓				Mary	Wife			F	W	60	M		
✓				Ozzie	Daughter			F	W	19	S		
✓				Floyd	Son			M	W	16	S		
✓				Doris	Grandchild			F	W	8	S		
HM	71	71	Horn	Eugene	Head	1	O	M	W	21	M		
✓				Lillie	Wife			F	W	22	M		
✓				Anna	Daughter			F	W	3 1/12	S		
✓				Stella	Daughter			F	W	1 1/12	S		
HM	72	72	Horn	Isaac	Head	1	O	M	W	38	M		

1920 Martin Co Ky
Turkey

			[illegible]	Daughter			M	W	6	S			
			Edith	Daughter			M	W	5/12	S			
86	86	Horn	Henry	Head	1	O	M	W	46	M			
			Emma	wife			M	W	40	M			
			Leonard	Son			M	W	20	S			
			Lanford	Son			M	W	20	S			
			Hershel	Son			M	W	18	S			
			Ida	Daughter			F	W	17	S			
			Abraham	Son			M	W	14	S			
			Thelma	Daughter			F	W	12	S			
			Pickrell	Son			M	W	7	S			
			Marion	Son			M	W	5	S			
			Martin	Son			M	W	5	S			
			Oscar L	Son			M	W	3/12	S			
87	87	Harney	John	Head	1	R	M	W	30	M			
			Rosa	Wife			F	W	25	M			
			Vaulter	Son			M	W	4	S			
			Lenora	Son			M	W	1 11/12	S			
88	88	Runyon	Lauthe	Head	1	O	R	M	W	34	M		

1920 Martin Co. Ky

Turkey Pct.

		[illegible]	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]				
		[illegible]	Son			[illegible]	[illegible]	16	S				[illegible]
		[illegible]	Grandchild			F	W	8	S				[illegible]
4	71	Horn	Thomas	Head	O	F	[illegible]	[illegible]	21	M			
		[illegible]	Wife			F	W	22	M				
		[illegible]	Daughter			F	W	3 [illegible]	S				
		[illegible]	Daughter			F	W	1 [illegible]	S				
12	72	Horn	Isaac	Head	O	F	M	W	38	M			
		[illegible]	Wife			F	W	35	M				
		[illegible]	Daughter			F	W	14	S				[illegible]
		[illegible]	Daughter			F	W	14	S				[illegible]
		[illegible]	Daughter			F	W	12	S				[illegible]
		[illegible]	Son			M	W	9	S				[illegible]
		[illegible]	Daughter			F	W	6	S				[illegible]
		[illegible]	Son			M	W	2	S				
		Williams, [illegible]	Boarder			M	W	65	W				
3	73	Horn	Allen C	Head	O	F	M	W	32	M			
		[illegible]	Wife			F	W	23	M				
		[illegible]	Son			M	W	7	S				[illegible]

1920 Martin Co KY
TURKEY

77				[illegible]	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]	
78	V			—— Luther	Son-in-law			[illegible]	[illegible]	[illegible]	[illegible]	
79	Wd	76	76	Ward H. S.	Head	O	W	[illegible]	[illegible]	59	[illegible]	
80	W	79	79	Rose Alice M	Head	O	W	[illegible]	[illegible]	[illegible]	[illegible]	
87	V			—— Frances	Son			[illegible]	[illegible]	[illegible]	[illegible]	
88	Son	80	80	Hardin G. W.	Head	O	W	[illegible]	[illegible]	51	[illegible]	
89	V			—— Mary E.	Wife			[illegible]	[illegible]	[illegible]	[illegible]	
90	V			—— Frank	Son			[illegible]	[illegible]	16	[illegible]	
91	V			—— Theodore	Son			[illegible]	[illegible]	14	[illegible]	
92	Son	81	81	Hopper James	Head	O	W	[illegible]	[illegible]	[illegible]	[illegible]	
93	W			—— Martha	Wife			[illegible]	[illegible]	[illegible]	[illegible]	
94	V			—— Mildred	Dau			[illegible]	[illegible]	[illegible]	[illegible]	
95	V			—— Burton	Son			[illegible]	[illegible]	12	[illegible]	
96	V			—— Jack	Son			[illegible]	[illegible]	10	[illegible]	
97	V			—— Gladys	Daughter			[illegible]	[illegible]	7	[illegible]	
98	W	82	82	Collins Scott	Lodger	O	W	[illegible]	[illegible]	16	[illegible]	
99	V			—— Mary	Wife			[illegible]	[illegible]	[illegible]	[illegible]	
100	W	83	83	Richmond R. B.	Head	O	W	[illegible]	[illegible]	39	[illegible]	

1920 Martin Co Ky

DEPARTMENT OF COMMERCE—BUREAU OF THE CENSUS

FOURTEENTH CENSUS OF THE UNITED STATES: 1920—POPULATION

STATE: West Virginia
COUNTY: Wayne
TOWNSHIP OR OTHER DIVISION OF COUNTY: Lincoln Dist. (Part) Pratt Precinct #2.
NAME OF INSTITUTION:
NAME OF INCORPORATED PLACE:
WARD OF CITY:
ENUMERATED BY ME ON THE 31 DAY OF Jan 1920. J. M. Queen ENUMERATOR.

SUPERVISOR'S DISTRICT NO. 6697 5
ENUMERATION DISTRICT NO. 159
SHEET NO. 17 B

Line	Place of abode: Street, avenue, road, etc.	House number	Dwelling number	Family number	Name	Relation	Home owned or rented	Owned free or mortgaged	Sex	Color or race	Age	Single, married, widowed, divorced	Year of immigration	Naturalized or alien	Year of naturalization	Attended school	Able to read	Able to write	Place of birth	Mother tongue	Father's place of birth	Father's mother tongue	Mother's place of birth	Mother's mother tongue	Able to speak English	Occupation	Industry	Employer, salary or wage worker, or working on own account	Able to read	Able to write
51					Brenham, Cadie	Daughter			F	W	7								West Virginia		Kentucky		West Virginia		yes	None				
52					" Oscar	Son			M	W	4	S							West Virginia		Kentucky		West Virginia		-	None				
53					" David	Son			M	W	2	S							West Virginia		Kentucky		West Virginia			None				
54					" Lulu	Sister			F	W	19	S			yes	yes			Kentucky		West Virginia		Kentucky		yes	None				
55					" Scinda	Mother			F	W	58	Wd			no	no			West Virginia		Kentucky		Kentucky		yes	None				
56					Fortnice, Bill	Head	R		M	B	49	M			yes	yes			Virginia		Virginia		Virginia		yes	None				
57					" Liza	Wife			F	B	49	M			yes	yes			Virginia		Virginia		Virginia		yes	None				
58					" Mary	Son			M	B	18	S			no	yes	yes		Virginia		Virginia		Virginia		yes	None				
59					" Sada	Daughter			F	B	20	S			no	yes	yes		Virginia		Virginia		Virginia		yes	None				
60					" Ida	Daughter			F	B	15	S			no	yes	yes		Virginia		Virginia		Virginia		yes	None				
61					" Frank	Son			M	B	19	S			yes	yes	yes		Virginia		Virginia		Virginia		yes	None				
62					" Wayne	Son			M	B	11	S			no	no	no		Virginia		Virginia		Virginia		yes	None				
63					" Georgie	Daughter			F	B	12	S			no	no	no		Virginia		Virginia		Virginia		yes	None				
64					" Bill Jr	Son			M	B	9	S			no	yes	yes		Virginia		Virginia		Virginia			None				
65					" Thelma	Daughter			F	B	3	S							West Virginia		Virginia		Virginia			None				
66					Farris, Robert	Head	R		M	W	59	M			no	no			West Virginia		West Virginia		West Virginia		yes	Farmer	General Farm	O A		
67					" Rebecca	Wife			F	W	50	M			yes	yes	yes		West Virginia		West Virginia		West Virginia		yes	None				
68					" Edith	Daughter			F	W	11	S			yes	yes	yes		West Virginia		West Virginia		West Virginia		yes	None				
69					" John	Son			M	W	8	S			yes				West Virginia		West Virginia		West Virginia			None				
70					" Bessie	Daughter			F	W	5	S							West Virginia		West Virginia		West Virginia			None				
71					Wilson, Lewis	Head	O	F	M	W	65	M			no	no			West Virginia		West Virginia		West Virginia		yes	Farmer	General Farm	O A		
72					" Jane	Wife			F	W	65	M			yes	yes			West Virginia		West Virginia		West Virginia		yes	None				
73	Feb 2				" Clinton	Head	O	F	M	W	60	M			yes	yes			Kentucky		West Virginia		Kentucky		yes	Farmer	General Farm	O A		
74					" Polly	Wife			F	W	48	M			yes	yes			West Virginia		Kentucky		West Virginia		yes	None				
75					" John	Son			M	W	30	S			yes	yes			West Virginia		Kentucky		West Virginia		yes	None				
76					" Charlie	Son			M	W	28	S			yes	yes			West Virginia		Kentucky		West Virginia		yes	None				
77					Fyffe, Meredia	Head	R		M	W	32	M			yes	yes			West Virginia		West Virginia		West Virginia		yes	Farmer	General Farm	O A		
78					" Maude	Wife			F	W	38	M			yes	yes			West Virginia		West Virginia		West Virginia		yes	None				
79					" Anna M	Daughter			F	W	13	S			no	yes	yes		West Virginia		West Virginia		West Virginia		yes	None				
80					" Beulah	Daughter			F	W	10	S			no	no	no		West Virginia		West Virginia		West Virginia		yes	None				
81					" Nellie	Daughter			F	W	8	S			no				West Virginia		West Virginia		West Virginia			None				
82					" Johnie	Son			M	W	7	S			no				West Virginia		West Virginia		West Virginia			None				
83					" Ruth	Daughter			F	W	6	S			no				West Virginia		West Virginia		West Virginia			None				
84					" Ella	Daughter			F	W	2	S							West Virginia		West Virginia		West Virginia			None				
85					" Joy	Brother			M	W	42	S			yes	yes			West Virginia		West Virginia		West Virginia		yes	None				
86					" Lilly	Aunt			F	W	28	S			yes	yes			West Virginia		West Virginia		West Virginia		yes	None				
87					" Malie	Mother			F	W	72	Wd			no	no			West Virginia		West Virginia		West Virginia		yes	None				
88					McCannon, Albert	Head	R		M	W	56	M			no	no			Kentucky		Kentucky		Kentucky		yes	Farmer	General Farm	O A		
89					" Lizzie	Wife			F	W	46	M			no	no			Kentucky		Kentucky		Kentucky		yes	None				
90					Hone, Roberta	Step-Daughter			F	W	26	S			yes	yes			Kentucky		Kentucky		Kentucky		yes	None				
91					Hone, Lannie	Step-Son			M	W	22	S			yes	yes			Kentucky		Kentucky		Kentucky		yes	None				
92					Hone, McKinley	Step-Son			M	W	22	S			yes	yes			Kentucky		Kentucky		Kentucky		yes	None				
93					Vinson, Zacariah	Head	O	F	M	W	42	M			yes	yes			Kentucky		West Virginia		West Virginia		yes	Farmer	General Farm	O A		
94					" Dora	Wife			F	W	25	M			yes	yes			West Virginia		West Virginia		West Virginia		yes	None				
95					" Arling	Son			M	W	8	S							West Virginia		Kentucky		West Virginia			None				
96					Vinson, Simon P.	Head	O	F	M	W	35	S			yes	yes			West Virginia		Kentucky		West Virginia		yes	Farmer	General Farm	O A		
97					" Vicie A.	Mother			F	W	70	Wd			no	no			Kentucky		Kentucky		Kentucky		yes	None				
98					" Carrie	Sister			F	W	19	S			yes	yes			Kentucky		Kentucky		West Virginia		yes	None				
99					Maynard, Milton	Head	R		M	W	27	M			yes	yes			Kentucky		Kentucky		Kentucky		yes	Farmer	General Farm	O A		
100					" Bessie	Wife			F	W	21	M			yes	yes			West Virginia		West Virginia		West Virginia		yes	None				

1920 Martin Ky

STATE Kentucky
COUNTY Martin
TOWNSHIP OR OTHER DIVISION OF COUNTY Emily Precinct No. 6
NAME OF INSTITUTION
NAME OF INCORPORATED PLACE
WARD OF CITY
ENUMERATED BY ME ON THE 29 and 30 DAY OF January, 1920. Blucher Stith ENUMERATOR.

DEPARTMENT OF COMMERCE—BUREAU OF THE CENSUS

FOURTEENTH CENSUS OF THE UNITED STATES: 1920—POPULATION

SUPERVISOR'S DISTRICT No. 10
ENUMERATION DISTRICT No. 84
SHEET No. 8 B

Line	Place of abode	Name	Relation	Home owned or rented	Owned free or mortgaged	Sex	Color or race	Age	Single, married, widowed, divorced	Year of immigration	Naturalized or alien	Year of naturalization	Attended school	Able to read	Able to write	Place of birth (person)	Place of birth (father)	Place of birth (mother)	Mother tongue	Occupation	Industry	Employer, salary or wage worker, or working on own account	Code
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
31	Fam	33	133	Harmon Jerad	Head	O	S	M	W	43	M				yes	yes	Kentucky		Virginia		Kentucky		yes	Farmer	General farm	C.9.	1c	31	000
32	d			— Bettie	wife			F	W	42	M				yes	yes	West Virginia		West Virginia		West Virginia		yes	none				32	
33	d			— Lillian	Son			M	S	24	S				yes	yes	Kentucky		Kentucky		Kentucky		yes	Miner	Coal mine	W		33	010
34	d			— Giles	Son			M	S	20	S				yes	yes	Kentucky		Kentucky		Kentucky		yes	Miner	Coal mine	W		34	010
35	d			— McKinley	Son			M	S	17	S				yes	yes	Kentucky		Kentucky		Kentucky		yes	Miner	Coal mine	W		35	010
36	d			Howard Jerry G.	grand son			M	S	12	S					yes	Kentucky		Kentucky		Kentucky		yes	Miner	Coal mine	W		36	010
37	d			— Louthella	grand daughter			F	S	8	S				yes	yes	Kentucky		Kentucky		Kentucky		yes	none				37	
38	d			— Hallie	grand daughter			F	S	7	S				yes	yes	Kentucky		Kentucky		Kentucky		yes	none				38	
39	d			— O. H.	grand son			M	S	5	S				yes	yes	Kentucky		Kentucky		Kentucky		yes	none				39	
40	d			— Ada	grand daughter			F	S	2	S				yes	yes	Kentucky		Kentucky		Kentucky		yes	none				40	
41	d			Ogden Jack	grand son			M	S	1	S				yes	yes	Kentucky		Kentucky		Kentucky		yes	None				41	
42	d			Willie Carol	grand daughter			F	S	4/12	S						Kentucky		Kentucky		Kentucky			none				42	
43	Fam	24	24	Stith Lafayette	Head	1		M		31					yes	yes	Kentucky		Kentucky				yes	Farmer	General farm	C.9.	1c	43	000
44	d			— Victoria	wife			F	W	31					yes	yes	West Virginia		West Virginia				yes					44	
45	d			— Cab											yes	yes												45	
46	d			— Cooper											yes	yes			Kentucky				yes	farm hand	general farm			46	010
47	d			— Lillian											yes	yes			West Virginia				yes					47	
48	d			— Ira						0					yes	yes	Kentucky		Kentucky				yes	none				48	
49	d			— Lucy				F	S	1	S				yes	yes	Kentucky		Kentucky				yes	none				49	
50	d			— Hardy				M	S	5	S				yes		Kentucky		Kentucky					none				50	
51	d			— Earl	Son			M	S	9/12	S						Kentucky		Kentucky					none				51	
52	Fam	37	37	Stith Lewis A.	Head	1				32	M				yes	yes	Kentucky		Kentucky				yes	Farmer	General farm	C.9.	1c	52	000
53	d			— Lillian	wife			F		27	S				yes	yes	Kentucky		Kentucky				yes					53	
54	d			— Lowell						4	S				yes	yes	Kentucky		Kentucky				yes					54	
55	d			— Lewis				M		2	S				yes	yes	Kentucky		Kentucky				yes	farm hand	general farm			55	010
56	d			— Lucinda				F		1	S				yes	yes	Kentucky		Kentucky				yes					56	
57	d			— Lucille											yes	yes	Kentucky		Kentucky				yes					57	
58	d			— Tennessee											yes	yes	Kentucky		Kentucky				yes					58	
59	d			— Emmitt											yes	yes	Kentucky		Kentucky				yes					59	
60	Fam	31	31	Hunter Lemuel	Head	1		M		31	M				yes	yes	Kentucky		Kentucky				yes	Farmer	General farm	C.9.	1c	60	000
61	d			— Nellie	wife			F		27	M				yes	yes	Kentucky		Kentucky				yes	none				61	
62	d			— Theresa	Daughter			F	S	5							Kentucky		Kentucky					none				62	
63	d			— Vera	daughter			F	S	3/12							Kentucky		Kentucky					none				63	
64	d			— Dorothy	daughter			F	S	1/12							Kentucky		Kentucky					none				64	
65	d			— Grace	daughter			F	S	1/12							Kentucky		Kentucky					none				65	
66	Fam	48	48	Burgett William	Head	1		M		48					yes	yes	Kentucky		Kentucky				yes	Farmer	General farm	C.9.	1c	66	000
67	d			— Ora	wife			F		41	M				yes	yes	Kentucky		Kentucky				yes	none				67	
68	d			— William H.	Son			M		23	M				yes	yes	Kentucky		Kentucky				yes	Farmer	Coal mine	W		68	010
69	d			— Ogie	daughter			F		20	S				yes	yes	Kentucky		Kentucky				yes	none				69	
70	d			— Thomas	son			M		18	S						West Virginia		Kentucky					none				70	
71	d			— Okie	daughter			F		16	S						Kentucky		Kentucky					none				71	
72	d			— Grace	daughter			F		8	S				yes	yes	Kentucky		Kentucky				yes	none				72	
73	d			Hunter Grace	Son			M		14	S				yes	yes	Kentucky		Kentucky				yes	Messenger				73	099
74	X		16	Burgett Willie	Son	1		M		17	S				yes	yes	Kentucky		Kentucky				yes	Miner	Coal mine	W		74	010
75				— Estelle	daughter			F		12	S				yes	yes	Kentucky		West Virginia				yes	none				75	
76				— Lafayette	Son			M		10	S				yes	yes	Kentucky		Kentucky				yes	none				76	

26

Harmon,	Uriah	65	Ky	Va	Ky
	Bettie	62	WV	WV	WV
	Allen	24			
	[illegible]	24			
	[illegible]	22			
Howard,	Loney E.	21	Grandchildren		
	Louisha	19			
	Hattie	12			
	Don	10			
	ada	8			
Preece,	Jack	8			
Mills,	Chloe	2 11/12			

Ky Births Martin

Harmon, Abie 9-2-1911 Columbia Harmon

Mills, Chloe 2-17-1917 Chloe Mills

STATE Kentucky
COUNTY Martin
TOWNSHIP OR OTHER DIVISION OF COUNTY Turkey Precinct No 9
NAME OF INSTITUTION

DEPARTMENT OF COMMERCE—BUREAU OF THE CENSUS

FOURTEENTH CENSUS OF THE UNITED STATES: 1920—POPULATION

NAME OF INCORPORATED PLACE
ENUMERATED BY ME ON THE 13 DAY OF February 1920. J. C. Kimberly ENUMERATOR.

SUPERVISOR'S DISTRICT No. 10
ENUMERATION DISTRICT No. 83
SHEET No. 14 B
WARD OF CITY
30284

Line	Place of abode: Street, avenue, road, etc.	House number	Dwelling number	Family number	Name	Relation	Home owned or rented	Owned free or mortgaged	Sex	Color or race	Age	Single, married, widowed, divorced	Year of immigration	Naturalized or alien	Year of naturalization	Attended school	Able to read	Able to write	Place of birth	Father's place of birth	Mother's place of birth	Mother tongue	Occupation	Industry	Employer, salary or wage worker, or working on own account	Out of work	Code
51					Cheshire Elizabeth	Wife			F	W	28	M							West Virginia	West Virginia	West Virginia						
52					Maurice	Son			M	W	12	S				Yes	Yes	Yes	Kentucky	Kentucky	West Virginia						
53					Gloria	Daughter			F	W	11	S				Yes	Yes	Yes	Kentucky	Kentucky	West Virginia						
54					Wiggins S	Son			M	W	9	S				Yes			Kentucky	Kentucky	West Virginia						
55					Gilbert	Son			M	W	7	S				Yes			Kentucky	Kentucky	West Virginia						
56					Lilie	Daughter			F	W	4	S							Kentucky	Kentucky	West Virginia						
57					Sophie	Daughter			F	W	1	S							Kentucky	Kentucky	West Virginia						
58	FM	60	60		Copley Robert	Head	O	R	M	W	21	M					No	No	West Virginia	West Virginia	West Virginia		Farmer	General farm	OA	OD	
59					Mary	Wife			F	W	41	M					Yes	Yes	Kentucky	Kentucky	Virginia		None				
60					Willie	Son			M	W	19	S				No	Yes	Yes	West Virginia	West Virginia	Kentucky		Miner	Coal mine	W		
61					Floyd	Son			M	W	16	S				No	Yes	Yes	Kentucky	West Virginia	Kentucky		Farming	Farm	W		
62					Myrtle	Daughter			F	W	14	S				Yes	Yes	Yes	Kentucky	West Virginia	Kentucky		None				
63					Robert jr	Son			M	W	8	S				Yes			Kentucky	West Virginia	Kentucky		None				
64					Sephus	Son			M	W	2	S							Kentucky	West Virginia	Kentucky		None				
65	FM	61	61		Turner Jasper	Head	O	R	M	W	65	M					Yes	Yes	West Virginia	West Virginia	West Virginia		Farmer	General farm	OA	OD	
66					Amelia	Wife			F	W	21	M					Yes	Yes	Kentucky	Kentucky	Kentucky		None				
67					Jennie	Son			M	W	30	S				No	Yes	Yes	Kentucky	Virginia	Kentucky		Farming	Home farm	W		
68					Leonard	Son			M	W	18	S				Yes	Yes	Yes	Kentucky	West Virginia	Kentucky		None				
69					Morgan	Son			M	W	16	S				Yes	Yes	Yes	Kentucky	Kentucky	Kentucky		None				
70					Michael	Son			M	W	10	S				Yes	Yes	Yes	Kentucky	West Virginia	Kentucky		None				
71					Virgie	Daughter			F	W	12	S				Yes	Yes	Yes	Kentucky	West Virginia	Kentucky		None				
72	FM	62	62		Turner John H	Head	O	R	M	W	61	M					Yes	Yes	West Virginia	West Virginia	West Virginia		Farmer	General farm	OA	OD	
73					Sarah	Wife			F	W	49	M					Yes	Yes	Kentucky	Kentucky	Kentucky		None				
74					Geary Madelin	Son-in-law			M	W	23						Yes	Yes	Kentucky	Kentucky	Kentucky		Farming	Farm	W		
75	FM	63	63		Hampton Orson	Head	R		M	W	27	M					Yes	Yes	Kentucky	Kentucky	Kentucky		Farmer	General farm	OA	OD	
76					Josie	Wife			F	W	33	M					Yes	Yes	Kentucky	Kentucky	Kentucky		None				
77					Myrtle	Daughter			F	W	9	S				Yes			Kentucky	Kentucky	Kentucky		None				
78					Leonard	Son			M	W	8	S				Yes			Kentucky	Kentucky	Kentucky		None				
79					Lucy	Daughter			F	W	6	S				Yes			Kentucky	Kentucky	Kentucky		None				
80					George W	Son			M	W	4	S							Kentucky	Kentucky	Kentucky		None				
81					Robert	Son			M	W	2	S							Kentucky	Kentucky	Kentucky		None				
82					Ballard	Son			M	W	1	S							Kentucky	Kentucky	Kentucky		None				
83	FM	64	64		Mills James W	Head	R		M	W	25	M				No	No		Kentucky	Kentucky	Kentucky		Miner	Coal mine	W		
84					Bruce	Wife			F	W	25	M				Yes	Yes		Kentucky	Kentucky	Kentucky		None				
85					James jr	Son			M	W	2	S							Kentucky	Kentucky	Kentucky		None				
86					Israel	Son			M	W	1	S							Kentucky	Kentucky	Kentucky		None				
87	FM	65	65		Horn William	Head	O	R	M	W	61	M					No	No	Kentucky	Kentucky	Kentucky		Farmer	General farm	OA	OD	
88					Rachel	Wife			F	W	49	M					No	No	Kentucky	Kentucky	Kentucky		None				
89					Hurley	Son			M	W	19	S				No	No	No	Kentucky	Kentucky	Kentucky		None				
90					Ida	Daughter			F	W	18	S				Yes	Yes	Yes	Kentucky	Kentucky	Kentucky		None				
91					Garson	Son-in-law			M	W	4	M				Yes			Kentucky	Kentucky	Kentucky		None				
92					Gladys	Dau-in-law			F	W	2	S				Yes			Kentucky	Kentucky	Kentucky		None				
93					Stanley	Son-in-law			M	W	3	S							Kentucky	Kentucky	Kentucky		None				
94	FM	66	66		Horn Henry	Head	O	R	M	W	36	S					Yes	Yes	Kentucky	Kentucky	Kentucky		Farmer	General farm	OA	OD	
95					Grace	Wife			F	W	32	M					Yes	Yes	Kentucky	Kentucky	Kentucky		None				
96					Virginia	Sister			F	W	15	S				Yes	Yes	Yes	Kentucky	Kentucky	Kentucky		None				
97					Wishing	Son			M	W	10	S				Yes	Yes	Yes	Kentucky	Kentucky	Kentucky		None				
98					Nute	Daughter			F	W	18	S				Yes	Yes	Yes	Kentucky	Kentucky	Kentucky		None				
99					Selena	Daughter			F	W	8	S				Yes			Kentucky	Kentucky	Kentucky		None				
100					Arthur	Son			M	W	4	S							Kentucky	Kentucky	Kentucky		None				

STATE Ohio
COUNTY Scioto
TOWNSHIP OR OTHER DIVISION OF COUNTY Vernon Township
NAME OF INSTITUTION

9-187

DEPARTMENT OF COMMERCE—BUREAU OF THE CENSUS

FOURTEENTH CENSUS OF THE UNITED STATES: 1920—POPULATION

NAME OF INCORPORATED PLACE
WARD OF CITY
ENUMERATED BY ME ON THE 2 DAY OF June 1920. Joe J. Smith ENUMERATOR.

SUPERVISOR'S DISTRICT No. 9
ENUMERATION DISTRICT No. 147
SHEET No. 1 B

Line	Place of abode: Street, road, etc.	House number (or farm)	Dwelling-house number	Family number	Name	Relation	Home owned or rented	Owned free or mortgaged	Sex	Color or race	Age	Single, married, widowed, divorced	Citizenship: Year of immigration	Naturalized or alien	Year of naturalization	Attended school	Able to read	Able to write	Place of birth	Mother tongue	Father: Place of birth	Father: Mother tongue	Mother: Place of birth	Mother: Mother tongue	Able to speak English	Occupation	Industry	Employer, salary or wage worker, or working on own account	Number of farm schedule
1	2	3	4		5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
51	FM	12	12		Kuhenburger S H	Head		O	F	W	W	60	M				no	yes	West Virginia		Pennsylvania		Pennsylvania		yes	Farmer	General Farm	O A	100
52					Ella	Wife			F	W	W	57	M				no	yes	Ohio		Ireland	Irish	Irish		yes	none			
53	FM	13	13		Kuhenburger Lester	Head		R	M	W	W	37	M				no	yes	Ohio		West Virginia		Ohio		yes	Farmer	Working out	W	40
54					Mary	Wife			F	W	W	34	M				no	yes	Ohio		Ohio		Ohio		yes	none			
55					Paul	Son			M	W	W	14	S				yes	yes	Ohio		Ohio		Ohio		yes	none			
56					Orpal	Son			M	W	W	12	S				yes	yes	Ohio		Ohio		Ohio		yes	none			
57					Ethel	Daughter			F	W	W	2	S						Ohio		Ohio		Ohio						
58	FM	14	14		Jones Samuel	Head		O	F	M	W	70	M				no	no	no	Tennessee	Tennessee		Tennessee		yes	Farmer	General Farm	O A	40
59					Francis	Wife			F	M	W	61	M				no	yes	yes	Kentucky	Germany	German	Kentucky		yes	none			
60	FM	15	15		Turner Oland	Head		O	F	M	W	41	M				yes	yes	yes	Ohio	Ohio		Ohio		yes	Farmer	General Farm	O A	120
61					Stella	Wife			F	M	W	38	M				no	yes	yes	Ohio	Ohio		Ohio		yes	none			
62					Truman	Son			M	M	W	18	S				no	no	yes	Ohio	Ohio		Ohio		yes	none			
63					Inez	Daughter			F	M	W	16	S				yes	yes	yes	Ohio	Ohio		Ohio		yes	none			
64					Estridge	Son			M	M	W	14	S				yes	yes	yes	Ohio	Ohio		Ohio		yes	none			
65					Neil	Son			M	M	W	12	S				yes	yes	yes	Ohio	Ohio		Ohio		yes	none			
66	X	6	16		Truman Joseph	Head		R	M	M	W	60	S				no	no	no	Germany	Germany	German	Ohio			Gun smith	Gun Shop	W	74
67	FM	17	17		Warner Fred	Head		O	M	M	W	45	M				no	yes	yes	Ohio	Germany	German	German	German	no	Farmer	Truck Farm	O A	38
68					Edith	Wife			F	M	W	41	M				no	yes	yes	Ohio	Ohio		Indiana			none			
69					Elma	Daughter			F	M	W	7	S				no	no	no	Ohio	Ohio		Indiana		yes	none			
70					Wilby	Son			M	M	W	4	S							Ohio	Ohio		Indiana			none			
71					Joseph	Son			M	M	W	2	S							Ohio	Ohio		Indiana			none			
72					Rolco	Son			M	M	W	21	S				no	yes	yes	Ohio	Ohio		Indiana		yes	Farmer	Labor	W	12
73	FM	18	18		Wagner Henry	Head		O	M	M	W	55	M	Yes	Yes		no	no	no	Germany	Germany	German	Germany	German	no	Farmer	General Farm	O A	80
74					Elizabeth	Wife			F	M	W	49	M					no	no	Ohio	Germany	German	German	German	no	none			
75	FM				John	Son			M	M	W	24	S							Kentucky	Germany	English	Ohio		yes	Foundry	General Foundry	O A	14
76					Dora	Daughter			F	M	W	21	M							Kentucky	Germany	English	Ohio		yes	House work	Private Family	W	16
77					Clara	Daughter			F	M	W	17	S							Kentucky	Germany	English	Ohio		yes	Home			
78					Benjamin	Son			M	M	W	16	S							Kentucky	Germany	English	Ohio		yes	none			
79					Walter	Son			M	M	W	14	S							Kentucky	Germany	English	Ohio		yes	none			
80					Eliza	Daughter			F	M	W	10	S							Kentucky	Germany	English	Ohio		yes	none			
81	FM	19	19		Wright Willis	Head		O	M	M	W	44	M				no	no	no	Virginia	Virginia		Virginia		yes	Farmer	General Farm	O A	80
82					Cora	Wife			F	M	W	41	M				no	yes	yes	Kentucky	Virginia		Kentucky		yes	none			
83					Ogley	Daughter			F	M	W	18	M				no	yes	yes	Kentucky	Virginia		Kentucky		yes	Labor	Shoe Factory	W	300
84					Sferla	Daughter			F	M	W	17	M				no	yes	yes	Kentucky	Virginia		Kentucky		yes	none			
85					Berl	Daughter			F	M	W	14	S				no	yes	yes	Kentucky	Virginia		Kentucky		yes	none			
86					Pearl	Daughter			F	M	W	12	S				no	no	no	Kentucky	Virginia		Kentucky		yes	none			
87					Myrtle	Daughter			F	M	W	10	S				no	no	no	Kentucky	Virginia		Kentucky		yes	none			
88					May	Daughter			F	M	W	8	S							Kentucky	Virginia		Kentucky			none			
89					Josie	Daughter			F	M	W	6	S							Kentucky	Virginia		Kentucky			none			
90					Earl	Son			M	M	W	4	S							Kentucky	Virginia		Kentucky			none			
91					Junior	Son			M	M	W	2	S							Kentucky	Virginia		Kentucky			none			
92					Agnes	Daughter			F	M	W	1/12	S							Ohio	Virginia		Kentucky			none			
93	FM	20	20		Jones Thomas	Head		O	F	M	W	36	S					no	no	Ohio	Ohio		Ohio		yes	Farmer	General Farm	O A	80
94					Daniel	Father			M	M	W	71	Wd					no	no	Ohio	Ohio		Ohio		yes	none			
95	FM	21	21		Dawson Claude	Head		O	M	M	W	36	M					yes	yes	Ohio	Ohio		Ohio		yes	Farmer	General Farm	O A	80
96					Olinta	Wife			F	M	W	33	M					yes	yes	Ohio	Ohio		Ohio		yes	Home	Keeper		
97					Elmer	Son			M	M	W	9	S				yes			Ohio	Ohio		Ohio			none			
98					Rubel	Son			M	M	W	7	S				yes			Ohio	Ohio		Ohio			none			
99					Irene	Daughter			F	M	W	5	S							Ohio	Ohio		Ohio			none			
100					Ruth	Daughter			F	M	W	3	S							Ohio	Ohio		Ohio			none			

Vernon Township

1			— Ethel	daughter			S	W	7	S	
1			— Laura	daughter			S		5	S	
1			— Lucian	son			M	W	1	S	
Ex	Ex	Ex	Thompson, Willie	head	10	5	M	W	21	M	
1			— Mary	wife			F	W	20	M	
1			— Lewis	daughter			S	W	1	S	
1			— Taylor	daughter			F	W	19	S	
Ex	Ex	Ex	Kirk, Mose	head	10	5	M	W	49	M	
1			— Susie	wife			F	W	37	M	
1			— Luvia	son			M	W	18	S	
1			— Sadie	daughter			F	W	14	S	
1			— Nancy	daughter			F	W	2	S	
1			— Lee	son			M	W	9	S	
1			— Martha	daughter			F	W	5	S	
Ex	Ex	Ex	Moreman, Rich	head	10	5	M	W	49	M	
1			— Nancy	wife			F	W	42	M	
1			— Elbert	son			M	W	21	S	
1			— Sergeant	son			M	W	14	S	
1			—								

1920 Martin Co. KY
Lick Branch

State: Kentucky — County: Martin

DEPARTMENT OF COMMERCE—BUREAU OF THE CENSUS

FOURTEENTH CENSUS OF THE UNITED STATES: 1920—POPULATION

Supervisor's District No. 10 — Enumeration District No. 83 — Sheet No. 1 B

Township or other division of county: Turkey Precinct No 9 — Name of incorporated place: — Ward of city: — Name of institution:

Enumerated by me on the 14 day of February, 1920. T. C. Kentucky, Enumerator.

Place of abode	Name	Relation	Sex	Color or race	Age	Single, married, widowed, divorced	Year of immigration	Naturalized or alien	Year of naturalization	Attended school	Able to read	Able to write	Place of birth	Father's place of birth	Mother's place of birth	Occupation	Industry	Employer, salary or wage worker, or working on own account	Farm schedule
	Jarrell Riley	Wife		W	F	M	32				No	No	Kentucky	Kentucky	Kentucky	Keeping House			
	Dam	Son		W	M	S	18				No	No	Kentucky	Kentucky	Kentucky	Farmer	Farm Home	W	
	Jessie	Daughter		W	F	S	16				No	No	Kentucky	Kentucky	Kentucky	None			
	Vernie	Son		W	M	S	16				No	No	Kentucky	Kentucky	Kentucky	Housework	Home Farm	W	
	Hedgie	Son or Daughter		W	M	S	6			Yes			Kentucky	Kentucky	Kentucky	None			
	Hubert	Grandson		W	M	S	3						Kentucky	Kentucky	Kentucky	None			
	Romous Joe	Nephew		W	M	S	19			No	No	No	Kentucky	Kentucky	Kentucky	Farming	Home Farm	W	
76	76	Jarrell George	Head	W	M	M	24	M			No	No	Kentucky	Kentucky	Kentucky	Farmer	Own Home	W	
		Pilot	Wife		F	M	22	M			Yes	Yes	Kentucky	Kentucky	Kentucky	None			
		Dordie	Daughter		F	S	4	S					Kentucky	Kentucky	Kentucky	None			
		Billy	Son		M	S	2	S					Kentucky	Kentucky	Kentucky	None			
77	77	Mills Randolph	Head	W	M	M	44	M			No	No	Kentucky	Kentucky	Kentucky	Farmer	General Farm	OA	W
		Ozna	Wife		F	M	35	M			No	No	Kentucky	Kentucky	Kentucky	None			
		David	Son		M	S	24	S			Yes	Yes	Kentucky	Kentucky	Kentucky	Farming	Home Farm	W	
		Alice	Daughter		F	S	22	S			No	No	Kentucky	Kentucky	Kentucky	None			
		Catherine	Daughter		F	S	20	S			Yes	Yes	Kentucky	Kentucky	Kentucky	None			
		Georgie	Daughter		F	S	16	S			Yes	No	Kentucky	Kentucky	Kentucky	None			
		Mathew	Son		M	S	13	S			Yes	No	Kentucky	Kentucky	Kentucky	None			
		Della	Daughter		F	S	10	S			Yes	No	Kentucky	Kentucky	Kentucky	None			
78	78	Mills James Jr	Head	W	M	M	40	M			No	No	Kentucky	Kentucky	Kentucky	Farmer	General Farm	OA	W
		Valentine	Wife		F	M	39	M			No	No	Kentucky	Kentucky	Kentucky	None			
		Pearl	Daughter		F	S	18	S		Yes	Yes	Yes	Kentucky	Kentucky	Kentucky	None			
		Cally	Daughter		F	S	11	S		Yes	Yes	Yes	Kentucky	Kentucky	Kentucky	None			
		Clarnell	Son		M	S	3	S		Yes			Kentucky	Kentucky	Kentucky	None			
		Victoria	Daughter		F	S	1	S					Kentucky	Kentucky	Kentucky	None			
		Vernon	Son		M	S	10	S					Kentucky	Kentucky	Kentucky	None			
79	79	Mills Fred	Head	W	M	M	24	M			No	No	Kentucky	Kentucky	Kentucky	Farmer	General Farm	OA	W
		Lora	Wife		F	M	24	M			Yes	No	Kentucky	Kentucky	Kentucky	None			
		Lucie	Daughter		F	S	4	S					Kentucky	Kentucky	Kentucky	None			
		Lewis	Son		M	S	2	S					Kentucky	Kentucky	Kentucky	None			
		Catherine	Mother		F	W	73	W			No	No	Kentucky	Kentucky	Kentucky	None			
		Thomas	Brother		M	S	20	S			No	No	Kentucky	Kentucky	Kentucky	None			
80	80	Mills Lewis	Head	W	M	M	33	M			Yes	Yes	Kentucky	Kentucky	Kentucky	Farmer	General Farm	OA	W
		[illegible]	Step		F	W	1	M					Kentucky	Kentucky	Kentucky	None			
		Tina	Daughter		F	S	1	S		Yes			Kentucky	Kentucky	Kentucky	None			
		William	Son		M	S	6	S		Yes			Kentucky	Kentucky	Kentucky	None			
		Thomas	Son		M	S	5	S		No			Kentucky	Kentucky	Kentucky	None			
		William H	Son		M	S	2	S					Kentucky	Kentucky	Kentucky	None			
81	81	Dalton Silvert	Head	W	M	M	41	M			Yes	Yes	Kentucky	Kentucky	Kentucky	Farmer	General Farm	OA	W
		Minnie	Wife		F	M	36	M			No	Yes	Kentucky	Kentucky	Kentucky	None			
		Leroy	Son		M	S	14	S		Yes	No	Yes	Kentucky	Kentucky	Kentucky	Farming	Home Farm	W	
		Hardie	Son		M	S	11	S		Yes	No	Yes	Kentucky	Kentucky	Kentucky	None			
		Lewis	Son		M	S	7	S		No			Kentucky	Kentucky	Kentucky	None			
		Artie	Daughter		F	S	4	S					Kentucky	Kentucky	Kentucky	None			
		Hubert	Son		M	S	2	S					Kentucky	Kentucky	Kentucky	None			
		Hannah	Aunt		F	W	70	W					Kentucky	Kentucky	Kentucky	None			
82	82	Tiffanies David	Head	W	M	M	35	M			No	No	Kentucky	Kentucky	Kentucky	Farmer	General Farm	OA	W
		Minnie	Wife		F	M	34	M			No	No	Kentucky	Kentucky	Kentucky	None			
		Horace	Daughter		F	S	13	S		Yes	Yes		Kentucky	Kentucky	Kentucky	None			
		Alice	Daughter		F	S	10	S		Yes	No	No	Kentucky	Kentucky	Kentucky	None			

1920 Martin Co Ky

Eden Precinct #3

15-15 (Mosley)	Horn, George	28		Ky	Ky	Ky
	Rosa	28				
	May	10				
	Frances	8				
	Wallace	5				
	Dorothy	2				
(Mosely)	Collins, Frances	30		wd		Sis in law
	Paul	12				nephew
	Dorothy	10				Niece
	Clyde	8				nephew
	Clarence	6				"
	Willie	3				"
	Estie	1 3/12				dau
116-116	Cassady, Ulysses G	47		Ky	Ky	Ky
(Stone)	Rebecca	52				
	Edna	22				
	Mary B	17				
	Horn, McKinley	22	Lodr			
	Smith, Goble	14	"			
131-131	Prince, Riley	59		Ky	VA	Ky
(Mosely)	Josie	50			WV	
	Jane	31				
	Martin	19			Ky	
	Maud	13				
	John	17				
	Stella	12				
	Globus	10				
	Riley	8				
	Ben	6	gd			
	Carmen	2	daughter			

Lick Branch #2

33 (Maynard)	Mosley, John	62		Ky	VA	Ky
	Rebecca Jane	56		"	Ky	"
	Slone, Samuel	20	Step Son	"	"	"

9-9	Mosley, Jeff	47	Ky	Ky	Ky
	Pheba	32	WV	WV	"
	Nina	14		Ky	WV
	Wm R	11			

Lick Branch Dist #2 Prect 2

47-47	Dalton, Isaac	73	VA	VA	VA
(Jarrell) —	Rhoda	69	"	"	"
	Harrison	27	Ky	VA	"
Armontrout, Dollie	gd dau	19	"	Ky	Ky

104-104	Endicott, Thomas	55	Ky	Ky	Ky
(Horn) —	Rora	39			
	James S	25			
	Bertha	18			
	Wilda	17			
	Johnnie	13			
	Laurie Bell	12			
	Francis	10			
	Oma	8			
	Lucy	7			
	Leather (M)	6			
	Mary	3			
	Freebon (M)	1			

Turkey Precinct #9

10-10	Hinkle, Hiram	63	Ky	Ky	Ky
(Jarrell)	Polly	"			
	Dolly	33			
	James	24			
	Prentiss	29			
Hannah, James R	(gd son)	1 6/12	WV	WV	Ky

27-27	Whitt, Aaron	50	Ky	Ky	Ky	
	Mary	22				
	Charley	21				
	Hays	13				
	Jesse	12				
	John	10				
	Carlos	7				
	Polly	4 1/12				
	Nancy E.	1 1/12				
37-37	Horn, Bascom	25	Ky	Ky	Ky	
	Dora					
38-38	Horn, Arminda	52	Wd	Ky	Ky	Ky
	Elizabeth	16				
	Mike	21				
	James	24				
	Elijah	19				
	Wm	18				
	Ida	15				
	Carrie	19	d.i.l			
	Julius	3	gd son			
	Gordon	1/12	gson			
43-43	Alley, Wm T	52	Ky	Ky	Ky	
	(Horn) Elizabeth	52				
	May	16				
	Sherman	14				

65-65	Horn, Wm	63	Ky	Ky	Ky
	(Mills) - Rachel	39			
	Hensley, Dorcus	17	step dau		
	Ida	14	"		
	Sarah	9	"		
	Gladys	6	"		
	Henley	3	step son		
70-70	Horn, Floyd	70			
	(Jarrell) - Mary	65			
	Lizzie	39	dau		
	Floyd	16	Son		
	Dosie	8	gd dau		
72-72	Horn, Isaac	38	Ky	Ky	Ky
	(Williams) - Frances	35			
	Celia	14			
	Sadie	14			
	Lillie	12			
	Charley	9			
	Blanch	6			
	John	2			
	Williams, George	65			
75-75	Jarrell, Wm	51			
	(Muncy) - Dicy	44			
	Sam	28			
	Josie	26			
	Wayne	16			
	Gladys	6	gd dau		
	Neibert	3	gd son		

1920
Martin Co. KY

79-79 Mills, Fred 28
(Hammonds) Cora 24
Bessie 4
Lewis 2
Catherine 73 mother
Thomas 26 brother

84-84 Hammonds, Rosco 28
Vasti 29
Rosa 6
Leonard 5
Della 6/12

85-85 Hammonds, Arminta 22
Nora 13 Sister
Bessie 11 "
Rosa 9 "
Amie 6 "
Ella 1/2 dau

Children of Hammonds, George & Dorcas Horn.

93-93 Horn, John Sr 66
(Farrell) - Nerva 63
Mitchell 25

65-65	Horn, Wm	63	Ky	Ky	Ky
	(Mills) - Rachel	39			
	Hensley, Dorcus	17	step dau		
	Ida	14	"		
	Sarah	9	"		
	Gladys	6	"		
	Henley	3	step son		
70-70	Horn, Fiyd	70			
	(Jarrell) - Mary	65			
	Lizzie	39	dau		
	Floyd	16	son		
	Dosie	8	gd dau		
72-72	Horn, Isaac	38	Ky	Ky	Ky
	(Williams) - Frances	35			
	Celia	14			
	Sadie	14			
	Lillie	12			
	Charley	9			
	Blanch	6			
	John	2			
	Williams, George	65			
75-75	Jarrell, Wm	51			
	(Muncy) - Dicy	44			
	Sam	28			
	Josie	26			
	Wayne	16			
	Gladys	6	gd dau		
	Neibert	3	gd son		

1920
Martin Co. Ky

79-79 Mills, Fred 28
(Hammonds) Cora 24
Bessie 4
Lewis 2
Catherine 73 mother
Thomas 26 brother

84-84 Hammonds, Roscoe 28
Vasti 29
Rosa 6
Leonard 5
Nellie 4/12

Children of Hammonds, George & Dorcas Horn.

85 85 Hammonds, Amanda 22
Nora 13 Sister
Bessie 11 "
Rosa 9 "
Annie 6 "
Ella 4/12 dau

93-93 Horn, John Sr 66
(Farrell) - Nerva 63
Mitchell 25

1910 Martin Co. Ky

ENUMERATED BY ME ON THE ____ DAY OF April 1910. Wm. C. Whitaker, ENUMERATOR.

Location: Street, avenue, or other locality	Location: Number of dwelling house in order of visitation	Location: Number of family in order of visitation	Name of each person whose place of abode on April 15, 1910, was in this family. Enter surname first, then the given name and middle initial, if any. Include every person living on April 15, 1910. Omit children born since April 15, 1910.	Relation: Relationship of this person to the head of the family.	Personal Description: Color or race	Sex	Age	Single, married, widowed, or divorced	Year of immigration to U.S.	Naturalized or alien	Year of naturalization	Number of years in U.S.	Mother of how many children	Number living	Place of birth of this person	Place of birth of father of this person	Place of birth of mother of this person	Citizen of the U.S.	Able to read	Able to write	Able to speak English	Occupation: Trade or profession of, or particular kind of work done by this person, as spinner, weaver, farmer, etc.	Industry, business, or establishment in which this person works, as cotton mill, dry goods store, farm, etc.	Employer, salary or wage worker, or working on own account	Number of weeks unemployed during 1910	Attended school	Able to read	Able to write	Able to speak English	Owned or rented	Owned free or mortgaged	Farm or house	Number of farm schedule	Veteran of Civil War	Veteran of Spanish War	Veteran of Philippines
1			Filty Charley	son	W	M	6	S							Kentucky	Kentucky	Kentucky						None				20	20	20							
2			Stella	Daughter	W	F	1	S							Kentucky	Kentucky	Kentucky						None													
3		14	49	Drum John	Head	W	W	36	M	15					West Virginia	West Virginia	West Virginia				English		Farmer	General farm	OA		20	20		O	F	F	15			
4				Minna	Wife	W	W	32	M	15	8	5			Kentucky	Kentucky	West Virginia				English		None				20	20								
5				Florence	Daughter	W	W	11	S						West Virginia	West Virginia	Kentucky				English		None				20	20	20							
6				Rosa	Daughter	W	W	10	S						West Virginia	West Virginia	Kentucky				English		None				20	20	20							
7				Nancy Jane	Daughter	W	W	8	S						Kentucky	West Virginia	Kentucky						None				20	20	20							
8				Myrtle	Daughter	W	W	3	S						Kentucky	West Virginia	Kentucky						None				20	20	20							
9				Minnie	Daughter	W	W	1	S						Kentucky	West Virginia	Kentucky						None													
10		25	20	White Hendersonville	Head	W	W	58	M	37					Kentucky	Kentucky	Kentucky				English		Farmer	General farm	OA		20	20		R	F	F	16			
11				Levina	Wife	W	F	60	M	37	5	4			Ohio	Virginia	Ohio				English		None				20	20								
12				Tetharine	Daughter	W	W	36	W		3	2			Kentucky	Kentucky	Ohio				English		Farm laborer	Working out	W	20	0	20	20							
13				John	Son	W	W	29	S						Kentucky	Kentucky	Ohio				English		Farm laborer	Working out	W	20	0	20	20							
14				William	Son	W	W	10	S						Kentucky	Kentucky	Ohio				English		None				20	20	20							
15				Henderson	Grandson	W	W	7	S						Kentucky	Kentucky	Kentucky						None				20	20	20							
16				Andrew Harrison	Nephew	W	W	17	S						Kentucky	Kentucky	Kentucky				English		Farm laborer	Working out	W	20	0	20	20							
17		27	21	Dutton George	Head	W	W	36	M	15					Kentucky	Virginia	Kentucky				English		Farmer	General farm	OA		20	20		O	F	F	17			
18				Melissa	Wife	W	F	30	M	15	8	6			West Virginia	West Virginia	West Virginia				English		None				20	20								
19				Rosa A	Daughter	W	W	13	S						Kentucky	Kentucky	West Virginia				English		None				20	20	20							
20				Virgie C	Daughter	W	W	11	S						Kentucky	Kentucky	West Virginia				English		None				20	20	20							
21				William	Son	W	W	10	S						Kentucky	Kentucky	West Virginia				English		None				20	20	20							
22				Dave	Son	W	W	6	S						Kentucky	Kentucky	West Virginia						None				20	20	20							
23				Rhoda	Daughter	W	W	4	S						Kentucky	Kentucky	West Virginia						None													
24				Marion	Son	W	W	1	S						Kentucky	Kentucky	West Virginia						None													
25		26	22	Hurle Hiram H	Head	W	W	53	M	35					Kentucky	Kentucky	Kentucky				English		Farmer	General farm	OA		20	20		O	F	F	18			
26				Polly	Wife	W	F	55	M	35	10	9			Kentucky	Kentucky	Kentucky				English		None				20	20								
27				Elizabeth	Daughter	W	W	22	S						Kentucky	Kentucky	Kentucky				English		Farm laborer	Home farm	W		20	20								
28				Dolly	Daughter	W	W	21	S						Kentucky	Kentucky	Kentucky				English		Farm laborer	Home farm	W		20	20								
29				Lawrence	Son	W	W	20	S						Kentucky	Kentucky	Kentucky				English		Farm laborer	Home farm	W		20	20	20							
30				Mary	Daughter	W	W	19	S						Kentucky	Kentucky	Kentucky				English		Farm laborer	Home farm	W		20	20	20							
31				Pendleton	Son	W	W	17	S						Kentucky	Kentucky	Kentucky				English		None				20	20	20							
32				James	Son	W	W	14	S						Kentucky	Kentucky	Kentucky				English		None				20	20	20							
33				Lewis	Son	W	W	21	M	0					Kentucky	Kentucky	Kentucky				English		Farm laborer	Home farm	W		20	20	20							
34				Eliza	Daughter-in-law	W	W	21	M	0					West Virginia	Kentucky	Kentucky				English		None				20	20	20							
35		28	23	Hurle Victoria	Head	W	W	49	S	0	8	7			Kentucky	Kentucky	Kentucky				English		Farm laborer	Working out	W	20	0	20	20		R	F				
36				Cholista	Daughter	W	W	28	S						Kentucky	Kentucky	Kentucky				English		Farm laborer	Working out	W	20	0	20	20							
37				Mary J.	Daughter	W	W	20	S						Kentucky	Kentucky	Kentucky				English		Farm laborer	Working out	W	20	0	20	20	20							
38				Henry	Son	W	W	17	S						Kentucky	Kentucky	Kentucky				English		Farm laborer	Working out	W	20	0	20	20	20							
39				Isaac	Daughter	W	W	14	S						Kentucky	Kentucky	Kentucky				English		None				20	20	20							
40				Maryland	Daughter	W	W	11	S						Kentucky	Kentucky	Kentucky				English		None				20	20	20							
41		29	24	Mills John Sr.	Head	W	W	58	M	33					West Virginia	Kentucky	West Virginia				English		Farmer	General farm	OA		20	20		O	F	F	19			
42				Rettie	Wife	W	F	50	M	33	9	7			Kentucky	West Virginia	Kentucky				English		None				20	20								
43				John Jr	Son	W	W	20	S						Kentucky	West Virginia	Kentucky				English		Farm laborer	Working out	W	20	0	20	20							
44				Nellie	Daughter	W	W	15	S						Kentucky	West Virginia	Kentucky				English		None				20	20	20							
45				Harmon Floyd	Grandson	W	W	10	S						Kentucky	Kentucky	Kentucky				English		None				20	20	20							
46		30	25	Mills William	Head	W	W	74	M	20					Kentucky	Virginia	Virginia				English		Farmer	General farm	OA		20	20		O	F	F	20	R		
47				Elizabeth	Wife	W	F	60	M	20	2	2			Kentucky	Kentucky	Kentucky				English		None				20	20								
48		31	26	Kazee Albert	Head	W	W	27	M	8					Kentucky	Kentucky	Kentucky				English		Farmer	Working out	W	20	0	20	20		R	H	S	1	0	
49				Minnie	Wife	W	F	20	M	8	4	3			Kentucky	Kentucky	Kentucky				English		None				20	20								
50				John	Son	W	W	6	S						Kentucky	Kentucky	Kentucky						None				20	20	20							

1910 Martin County Ky — Big Elk

158. CRUM, Randolph H 43 ml 20 KY
Laura W 37 ml 11/9 WV
Josie d 19 s KY
Polly d 16
George s 13
Eli s 12
Nannie d 10
MarshallC. s 7/
Sherman s 5
Lewis s 3
Laura A. d 7 mo.

159. HAMMONDS, George H 45 ml 25 WV
Darcus W 39 ml 10/8 KY
Nathan s 21 ml 1 mo
Rosco s 18 s
Do-/Cora d 13
Minta d 11
Polly J. d 9
Nora d 4
Ressie d 3
Martha DL 13 ml 1 mo. WV

160. COPLEY, Sanford H 27 m2 3 KY
Rhoda W 21 ml 1/0
Bascom s 6

161. CRUM, John H 50 ml 30
Lydia w 47 ml 13/10
Joseph s 18
Michel s 16
Charley s 12
Anderson s 9
Jesse s 2

162. CRUM, James H 28 ml 10 KY
Jane W 30 ml 1/1
Wilda d 8
HOBBS, McKinley none 10

163. MAYNARD, Isaac H 69 ml 39 KY
Charity Sr. W 63 ml 13/7
Charity, Jr. Gc 21 s

164. DALTON, Thomas H 62 ml 39 WV
Polly W 59 ml 9/7
William H. H. 36 dv
Leonard s 20 s
Thomas, Jr. s 18 s
HENDERSON, Dixie bdr 9
CRUM, Rhoda ML 83 wd 6/4

165. DALTON, Daniel H 36 ml 7 KY
Jane W 25 ml 6/4
Belvey d 6
Auxier s 4
Edward s 3
Alice d 18 mo.

166. CRUM, George W. H 58 ml 31 KY
Elizabeth W 50 ml 8/5
Dean s 24 s
Lafayette s 18
Grace d 16
CHAPMAN, Lawrence Gc 10
WILLIAMSON, John BL wd

167. COALGROVE, Jesse H 54 ml 23 KY
Jane W 42 m2 10/8 WV
Lewis s 21 ?
Thomas s 19 s
Florence d 17 dv
Ellen d 14
Maud d 12
Joseph s 9
HOBBS, John Ne 20 s

168. HARRIS, John

(cont.)
d 16 s
Milly d 14
Laura d 11
Mary d 4
James B. s 3

169. RUNYON, Araon/Arson H 33 m2 2 KY
Josie W 22 ml 2/1

170. MILLS, Rachael H 29 dv 5/4 KY
HENSLEY, Elijah s 10
HENSLEY, Florence d 8
~~Cora?~~ Dorcas d 6
Ida d 3
MILLS, Isaac B 24 s

171. HORN, Fred H 59 m2 41 WV
Mary W 55 ml 15/13 KY
John s 35 dv
Elizabeth d 27 s
William s 23 s
Vasti d 19 s
Zatta d 16 s
Bascom s 13
MOORE, Floyd Gs 7

172. RUNYAN, Tallor H 22 ml 2 KY
Ellen W 21 ml 1/1
Kate d 19 m0.

173. ENDICOTT, Nancy J. H 44 wd 6/5 KY
Harry s 17 s
Mary d 14
Emanuel s 10
Nichati d 8
Eveline d 5

174. HORN, Isaac H 25 ml 6 KY
Frances W 22 ml 4/3
Sadie d 5
Selia d 3
Lilly d 2
WILLIAMS George FL 54 wd
Martha SL 24 s
Ethel Ni 3
James H. Ne 1 mo.

175. HORN, Mike H 52 ml 31 KY
Vasti W 49 ml 12/10
Allen s 21 s
Lizzie d 15
Pearl d 13
Ada d 11
Vada d 8
Lucy d 6

176. CRUM, Walter H 25 ml 4 KY
Harriet W 23 m2 2/2
Mary d 2
William s 1

177. JARRELL, William H 42 ml 22 KY
Disy W 37 ml 6/4
Samuel s 20 s
Josie d 17 s
George s 14
McKinley s 12
Catherine, Jr. d 9
Wayne s 6
Catherine M 65 wd --
ROMAN, Lon Ne 10 WV
Jarrell, Bertha Ni 7 KY

178. HORN, William H 31 ml 7 KY

State: Kentucky
County: Martin
Township or other division of county: Lick Branch Precinct 6
Name of institution:

DEPARTMENT OF COMMERCE AND LABOR—BUREAU OF THE CENSUS

THIRTEENTH CENSUS OF THE UNITED STATES: 1910—POPULATION

15

Name of incorporated place: X Mas. Dist. 2
Enumerated by me on the 30th day of April, 1910.
Supervisor's District No. 10
Enumeration District No. 114
Ward of city: X
Sheet No. 4 A
Enumerator: Albert E. Dempsey

Dwelling-houses numbered in order	Families numbered in order	Name	Relationship	Tenure: Owned or rented	Tenure: Owned free or mortgaged	Color or race	Sex	Age	Single, married, widowed, divorced	Number of years married	Mother of how many children	Number living	Place of birth of this person	Place of birth of father of this person	Place of birth of mother of this person	Year of immigration	Naturalized or alien	Year of naturalization	Citizen of what country	Attended school	Able to read	Able to write	Able to speak English	Occupation	Industry	Employer, salary or wage worker, or working on own account	Number of weeks unemployed	Attended school	Able to read	Able to write	Able to speak English	Mother tongue	Number of farm schedule
		Martin Mary	Daughter			W	F	6					Kentucky	Kentucky	Kentucky									None									
		—— Hayden	Son			W	M	5					Kentucky	Kentucky	Kentucky									None									
		—— Lizzie	Daughter			W	F	3					Kentucky	Kentucky	Kentucky									None									
		—— Bill	Son			W	M	1					Kentucky	Kentucky	Kentucky									None									
		Cardwell Mary	Mother-in-law			W	F	72					Kentucky	Kentucky	Kentucky								English	None									
		—— Hiram	Lodger			W	M	22					Kentucky	Kentucky	Kentucky								English	None									
59	59	Cardwell Gordon	Head			W	M	28	No	2			Kentucky	Kentucky	Kentucky				English	Yes	Yes	Yes	English	Farmer	Own account	W	10	0	No	No			
		—— Ursie	Wife			W	F	17	No	2	1	1	Kentucky	Kentucky	Kentucky				English				English	None					Yes	Yes			5
		—— Bonnie	Daughter			W	F	4					Kentucky	Kentucky	Kentucky									None									
		—— Della	Daughter			W	F	2					Kentucky	Kentucky	Kentucky								English	None					Yes	Yes	Yes		
		—— Cecil	Daughter			W	F	12/12					Kentucky	Kentucky	Kentucky								English	None					Yes	Yes	Yes		
60	60	Cardwell Lawson	Head			W	M	28	No	7			Kentucky	Kentucky	Kentucky				English	Yes	Yes	Yes	English	Farmer	General farm	W			Yes	Yes			5
		—— Effie	Wife			W	F	28	No	7	5	4	Kentucky	Kentucky	Kentucky				English				English	None					Yes	Yes	No		
		—— Lawson	Son			W	M	5					Kentucky	Kentucky	Kentucky									None									
		—— Elijah	Son			W	M	2/12					Kentucky	Kentucky	Kentucky									None									
61	61	Hammons Harvey	Head			W	M	26	No	6			Kentucky	Virginia	West Virginia				English	Yes	Yes	Yes	English	Farmer	General farm	W			Yes	Yes			5
		—— Matilda	Wife			W	F	27	No	6	4	4	Kentucky	Kentucky	Kentucky								English	None					Yes	No			
		—— Lilly	Daughter			W	F	3					Kentucky	Kentucky	Kentucky									None									
		—— Josie	Daughter			W	F	1					Kentucky	Kentucky	Kentucky									None									
62	62	Cardwell Samuel	Head			W	M	30	No	10			Kentucky	Kentucky	Kentucky				English	Yes	Yes	Yes	English	Sawyer	Saw mill	W	No	0	Yes	Yes			5
		—— Ford	Wife			W	F	31	No	10	7	5	Kentucky	Kentucky	Kentucky				English				English	None					No	No			
		—— Claude A.	Son			W	M	19					Kentucky	Kentucky	Kentucky				English	Yes	Yes	Yes	English	Laborer	Saw mill	W	No	0	Yes	Yes			
		—— Henry L.	Son			W	M	17					Kentucky	Kentucky	Kentucky				English	Yes	Yes	Yes	English	Laborer	Saw mill	W	No	0	Yes	Yes	Yes		
		—— Martha	Daughter			W	F	8					Kentucky	Kentucky	Kentucky									None						Yes			
		—— Willie	Daughter			W	F	7					Kentucky	Kentucky	Kentucky									None						Yes			
		—— Oliver	Son			W	M	4					Kentucky	Kentucky	Kentucky									None									
		—— Lena A.	Daughter			W	F	3					Kentucky	Kentucky	Kentucky									None									
		—— Frank	Son			W	M	1/12					Kentucky	Kentucky	Kentucky									None									
63	63	Cardwell Young	Head			W	M	35	No	12			Kentucky	Kentucky	Kentucky				English	Yes	Yes	Yes	English	Farmer	General farm	W			Yes	Yes			5
		—— Ivy	Wife			W	F	32	No	12	6	6	Kentucky	Kentucky	Kentucky				English				English	None					Yes	Yes			
		—— Lena	Daughter			W	F	12					Kentucky	Kentucky	Kentucky				English				English	None					Yes	Yes	Yes		
		—— Virgie L.	Daughter			W	F	10					Kentucky	Kentucky	Kentucky				English				English	None					Yes	Yes	Yes		
		—— Walter	Son			W	M	6					Kentucky	Kentucky	Kentucky									None									
		—— Arthur	Son			W	M	4					Kentucky	Kentucky	Kentucky									None									
		—— Irene	Daughter			W	F	2					Kentucky	Kentucky	Kentucky									None									
		—— Virgie	Daughter			W	F	1					Kentucky	Kentucky	Kentucky									None									
64	64	Cardwell Joshua	Head			W	M	37	No	10			Kentucky	Kentucky	Kentucky				English	Yes	Yes	Yes	English	Farmer	General farm	W			Yes	Yes			5
		—— Alice	Wife			W	F	37	No	10	6	6	Kentucky	Kentucky	Kentucky				English				English	None					Yes	Yes			
		—— Ethel	Daughter			W	F	7					Kentucky	Kentucky	Kentucky									None							No		
		—— Cecil	Daughter			W	F	5					Kentucky	Kentucky	Kentucky									None							Yes		
		—— Hazel	Daughter			W	F	4					Kentucky	Kentucky	Kentucky									None							No		
		—— Hubert	Son			W	M	5					Kentucky	Kentucky	Kentucky									None									
		—— Willie	Son			W	M	3					Kentucky	Kentucky	Kentucky									None									
		—— Julius	Son			W	M	1/12					Kentucky	Kentucky	Kentucky									None									
65	65	Hammons William Jr.	Head			W	M	21	No	1			Kentucky	Kentucky	Kentucky				English				English	Farm labor	Wage work	W	No	0	No	No			5
		—— Cassie	Wife			W	F	17	No	1			Kentucky	Kentucky	Kentucky				English				English	None					Yes	Yes	No		
66	66	Hammons Elliott Marion	Head			W	M	26	No	4			Kentucky	Kentucky	Kentucky				English				English	Farmer	General farm	W			Yes	Yes			5
		—— Sarah	Wife			W	F	18	No	4			Kentucky	Kentucky	Kentucky				English				English	None					Yes	Yes	No		
		—— John Lee	Gallery son			W	M	4/12	No				Kentucky	Kentucky	Kentucky				English				English	None					Yes	Yes		No	
67	67	Gustine Nancy	Head			B	F	45	Wd		13	8	Kentucky	Kentucky	West Virginia				English				English	Farmer	General farm	Own			No	No			5

1910
-17
1893

1910 Martin Co. Ky

	4 8	4 1	Harmon	Noah Jr	Head	M	W	25	M	2				Kentucky	Kentucky	Kentucky			English	Farmer	Home farm	O			No	No			4	1																
			—	Cora	wife	F	W	17	M	2	1	1		Kentucky	Kentucky	Kentucky			English	None					No	No																				
			—	Virgil	Son	M	W	1/12	S					Kentucky	Kentucky	Kentucky			English	None																									
	4 1	4 2	Harmon	Coldbert E.	Head	M	W	37	M	10				Kentucky	Kentucky	Kentucky			English	Farmer	Home farm	O			No	No			5	f	f	4	4													
			—	Hilda	wife	F	W	28	M	10	2	2		Kentucky	Kentucky	Kentucky			English	Farm Laborer	Home farm	W			No	No																				
			—	Denny	Son	M	W	12	S					Kentucky	Kentucky	Kentucky			English	Farm Laborer	Home farm	W			No	No																				
			—	Elate	Daughter	F	W	6						Kentucky	Kentucky	Kentucky			English	None																									
	4 2	4 3	Hanson	Mary	Head	F	W	44	Wd			8		Kentucky	Kentucky	Kentucky			English	Farmer	Home farm	O			No	No			7	f	f	4	3													
			—	Ella	Daughter	F	W	25	D		2	2		Kentucky	Kentucky	Kentucky			English	None																									
			—	Isaac	Son	M	W	20	S					Kentucky	Kentucky	Kentucky			English	Laborer	Home farm	W	No	No	No	No	No			5	3	7	X													
			—	Steve	Daughter	F	W	17	S					Kentucky	Kentucky	Kentucky			English	House Keeper	Home farm	W	No	No	No	No	No			2	2	7	X													
			—	Ada	Daughter	F	W	15	S					Kentucky	Kentucky	Kentucky			English	House Keeper	Home farm	W	No	No	No	No	No			2	2	7	X													
			—	Richard	Son	M	W	13	S					Kentucky	Kentucky	Kentucky			English	Laborer	Home farm	W	No		No	No	No																			
			—	George	Son	M	W	9	S					Kentucky	Kentucky	Kentucky			English	None					No	No	No																		
			—	Ida	Granddaughter	F	W	3	S					Kentucky	Kentucky	Kentucky			English	None																									
			Hanson	Grandson	Son	M	W	1/12	S					Kentucky	Kentucky	Kentucky			English	None																									
	4 3	4 4	Hale	Robert	Head	M	W	47	M	21				Kentucky	Kentucky	Kentucky			English	Farmer	Home farm	O			No	No			9	f	f	4	4													
			—	Eleanor	wife	F	W	38	M	21	7	7		Kentucky	Kentucky	Kentucky			English	Farm Laborer	Home farm	W	No	No	No	No																				
			—	John H.	Son	M	W	20	S					Kentucky	Kentucky	Kentucky			English	Farm Laborer	Home farm	W	No	No	No	No	No																			
			—	Wallace	Son	M	W	16	S					Kentucky	Kentucky	Kentucky			English	Farm Laborer	Home farm	W	No	No	No	No	No																			
			—	Marion	Son	M	W	12	S					Kentucky	Kentucky	Kentucky			English	Farm Laborer	Home farm	W	No	No	No	No	No																			
			—	Jane B.	Daughter	F	W	9	S					Kentucky	Kentucky	Kentucky			English	None					No	No	No																		
			—	Nancy	Daughter	F	W	6	S					Kentucky	Kentucky	Kentucky			English	None																									
			—	Henry	Son	M	W	2	S					Kentucky	Kentucky	Kentucky			English	None																									
	4 4	4 5	Maynard	Billie	Head	M	W	36	M	18				Tennessee	Kentucky	Kentucky			English	Farmer	Home farm	O			No	No			8	f	f	4	5													
			—	Elzie	wife	F	W	34	M	18	8	7		Kentucky	Kentucky	Kentucky			English	Farm Laborer	Home farm	W	No	No	No	No																				
			—	Ella	Daughter	F	W	16	S					Kentucky	Kentucky	Kentucky			English	Farm Laborer	Home farm	W	No	No	No	No																				
			—	Vicy	Daughter	F	W	13	S					Kentucky	Kentucky	Kentucky			English	Farm Laborer	Home farm	W	No	No	No	No																				
			—	Alice	Daughter	F	W	11	S					Kentucky	Kentucky	Kentucky			English	None																									
			—	Mary B.	Daughter	F	W	10	S					Kentucky	Kentucky	Kentucky			English	None																									
			—	Vadie	Daughter	F	W	8	S					Kentucky	Kentucky	Kentucky			English	None																									
			—	James	Son	M	W	5	S					Kentucky	Kentucky	Kentucky			English	None																									
			—	Marvine	Daughter	F	W	2	S					Kentucky	Kentucky	Kentucky			English	None																									
	4 5	4 6	Howard	Elisha Jr	Head	M	W	23	M	3				Kentucky	Kentucky	Kentucky			English	Teacher	Public School	N		Home	No	No			1	f	f	4	6													
			—	Hermil	wife	F	W	24	M	3	1	1		Kentucky	Kentucky	Kentucky			English	Home Keeper	None	N			No	No																				
			—	Granville	Son	M	W	1/12						Kentucky	Kentucky	Kentucky			English	None																									
	4 6	4 7	Howard	Jackson	Head	M	W	36	M	12				Kentucky	Kentucky	Kentucky			English	Farmer	Home farm	O			No	No			9	f	f	4	7													
			—	Columbia	wife	F	W	27	M	12	6	6		Kentucky	Kentucky	Kentucky			English	Farm Laborer	Home farm	O			No	No																				
			—	Tony E.	Son	M	W	11	S					Kentucky	Kentucky	Kentucky			English	Farm Laborer	Home farm	O			No	No	No																			
			—	Cecilia	Daughter	F	W	10	S					Kentucky	Kentucky	Kentucky			English	None					No	No	No																			
			—	Lillie	Daughter	F	W	8	S					Kentucky	Kentucky	Kentucky			English	None					No	No	No																			
			—	Beth	Daughter	F	W	7	S					Kentucky	Kentucky	Kentucky			English	None																									
			—	Nellie	Daughter	F	W	4	S					Kentucky	Kentucky	Kentucky			English	None																									
			—	Son	Son	M	W	1/12						Kentucky	Kentucky	Kentucky			English	None																									
	4 7	4 8	Finley	Ike	Head	M	W	35	M	9				Kentucky	Kentucky	Kentucky			English	Farmer	Home farm	O			No	No			1	f	f	4	8													
			—	Lennie	wife	F	W	24	M	9	4	4		West Va.	West Va.	West Va.			English	Farm Laborer	Home farm	O			No	No																				
			—	Jesse	Son	M	W	7						Kentucky	Kentucky	West Va.			English	None					No	No	No																			
			—	George	Son	M	W	4						Kentucky	Kentucky	West Va.			English	None																									

1910

Emily Creek Martin Co.

Howard,	Jackson	36	12 yrs	Ky	Ky	Ky
	Columbia	27	6-6		Ky	Ky
	Lonay E	11				
	Tishie	10				
	addie	8				
	Bertha	7				
	Hattie	3				
	Lon	11/12				

STATE Ohio
COUNTY Scioto
TOWNSHIP OR OTHER DIVISION OF COUNTY Vernon Township
NAME OF INSTITUTION X

DEPARTMENT OF COMMERCE AND LABOR—BUREAU OF THE CENSUS
THIRTEENTH CENSUS OF THE UNITED STATES: 1910—POPULATION 4

SUPERVISOR'S DISTRICT No. 9
ENUMERATION DISTRICT No. 143
SHEET No. 4 A
WARD OF CITY X
NAME OF INCORPORATED PLACE X
ENUMERATED BY ME ON THE 29 and 30 DAY OF April 1910
Jesse C. Dutch ENUMERATOR
6501

Line	Street	House No.	Farm	Name	Relation	Home owned or rented	Owned free or mortgaged	Sex	Color or race	Age	Single, married, widowed, divorced	Number of years married	Mother of how many children	Number living	Place of birth of this person	Place of birth of father of this person	Place of birth of mother of this person	Year of immigration to the United States	Naturalized or alien	Year of naturalization	Trade or profession	Industry, business, or establishment in which work is done	Employer, salary or wage worker, or working on own account	Number of weeks unemployed in 1909	Attended school	Able to read	Able to write	Able to speak English	Mother tongue	Number of children	Number living	Occupation	Industry	Employer	Number of weeks unemployed	Able to read	Able to write	Able to speak English	Mother tongue
1				Patton William E.	Son			M	W	4	S				Ohio	Ohio	Ohio						None																
2				Pannella Ella	Daughter			F	W	2	S				Ohio	Ohio	Ohio						None																
3				James Hiram	Son			M	W	11	S				Ohio	Ohio	Ohio						None																
4			69	69	Hess Theodore D.	Head		M	W	31	Wd				Ohio	Ohio	Ohio				English	Farmer	General farm	OA		yes yes		O	P	F	W								
5					Angela	Sister		F	W	16	S				Ohio	Ohio	Ohio				English	None				yes yes												
6			68	68	Rice Philip M.	Head		M	W	52	M	36			Ohio	Ohio	Ohio				English	Farmer	General farm	OA		yes yes		O	P	F	W								
7					Sarah A.	Wife		F	W	47	M	36	8	7	Ohio	Ohio	Ohio				English	None				yes yes												
8					Philip Jr.	Son		M	W	20	S				Ohio	Ohio	Ohio				English	Laborer	Switchman RR	Of	20	yes yes			1	7	X	S							
9					Rhonda	Son		M	W	22	S				Ohio	Ohio	Ohio				English	Laborer	on Farm	W	0	yes yes												
10					Ocey	Daughter		F	W	18	S				Ohio	Ohio	Ohio				English	None				yes yes	OA											
11					Esther	Daughter		F	W	13	S				Ohio	Ohio	Ohio				English	None				yes yes	yes											
12			66	66	Frame Frank	Head		M	W	22	M	1			Ohio	Ohio	Ohio				English	Farmer	Tenant	OA		yes yes		R	F	W								
13					Nellie Mae	Wife		F	W	23	M	1			Ohio	Ohio	Ohio				English	None				yes yes	yes											
14			69	67	Mitchell Martha	Head		F	W	65	W		14	6	Ohio	Pennsylvania	Virginia				English	None				yes		R	F	W								
15					Theodore	Son		M	W	27	S				Ohio	Ohio	Ohio				English	Laborer	Coal mine	W	20	yes yes												
16					Mitchell Jesse	Son		M	W	19	S				Ohio	Ohio	Ohio				English	None				yes yes	yes											
17			63	67	Mitchell Jacob	Head		M	W	64	M	39			Ohio	Ohio	Ohio				English	Farmer	General farm	OA		yes yes		O	P	F	W								
18					Almira	Wife		F	W	65	M	39	4	4	Ohio	Ohio	Ohio				English	None				yes yes												
19					Charles	Son		M	W	26	S				Ohio	Ohio	Ohio				English	Merchant		OA		yes yes				52	2	1	1	X					
20			64	69	Weaver Thomas	Head		M	W	28	M	3	0		Ohio	Ohio	Ohio				English	Laborer	Railroad	W	20	4	yes yes		R	H	58	15	5	X	S				
21					Carl	Wife		F	W	23	M	3	0	0	Ohio	Ohio	Ohio				English	None				yes yes												
22			68	70	Simon John	Head		M	W	33	M	17		3	Ohio	Germany	Ohio				English	Farmer	General farm	OA		yes yes		R	F	F	W								
23					Emma	Wife		F	W	34	M	17			Ohio	Ohio	Ohio				English	None				yes yes												
24					Margaret	Daughter		F	W	15	S				Ohio	Ohio	Ohio					None																
25					Edith	Daughter		F	W	4	S				Ohio	Ohio	Ohio					None																
26					Elizabeth	Daughter		F	W	2	S				Ohio	Ohio	Ohio					None																
27			66	71	Piercy Francis	Head		F	W	61	Wd		6	4	Kentucky	Kentucky	Ohio				English	None				yes yes												
28					Thomas H.	Son		M	W	27	S				Ohio	Kentucky	Kentucky				English	Farmer	General farm	OA		yes yes												
29					Charles F.	Son		M	W	23	S				Ohio	Kentucky	Kentucky				English	Farmer	Laborer	W	20	yes yes												
30			67	72	Quick Frank H.	Head		M	W	32	M	12			Ohio	Ohio	Ohio				English	Farmer	General farm	OA		yes yes		O	P	F	W								
31					Cecilia Belle	Wife		F	W	29	M	12	9	9	Ohio	Ohio	Ohio				English	None				yes yes												
32					Herman C.	Son		M	W	17	S				Ohio	Ohio	Ohio				English	None				yes yes	yes											
33					Mary E.	Daughter		F	W	16	S				Ohio	Ohio	Ohio				English	None				yes yes	yes											
34					Orel Elmer	Son		M	W	14	S				Ohio	Ohio	Ohio				English	None				yes yes	yes											
35					Bertha Ella	Daughter		F	W	13	S				Ohio	Ohio	Ohio				English	None				yes yes	yes											
36					Daniel Lee	Son		M	W	10	S				Ohio	Ohio	Ohio				English	None				yes yes	yes											
37					Sterling	Daughter		F	W	8	S				Ohio	Ohio	Ohio					None					yes											
38					Gladys	Daughter		F	W	5	S				Ohio	Ohio	Ohio					None					yes											
39					Isabelle	Daughter		F	W	3	S				Ohio	Ohio	Ohio					None																
40					Ralph G.	Son		M	W	1	S				Ohio	Ohio	Ohio					None																
41			68	73	Ferrel John	Head		M	W	36	M	9			Ohio	Ohio	Ohio				English	Farmer	Truck farm	OA		Do	yes		O	P	F	W							
42					Mary	Wife		F	W	31	M	9	5	4	Kentucky	Kentucky	Kentucky				English	None				yes yes												
43					Shirley	Son		M	W	8	S				Ohio	Ohio	Kentucky					None					yes											
44					Edward	Son		M	W	6	S				Ohio	Ohio	Kentucky					None					yes											
45					Esther	Daughter		F	W	3	S				Ohio	Ohio	Kentucky					None																
46					Clara	Daughter		F	W	1	S				Ohio	Ohio	Kentucky					None																
47			69	74	Weaver Elias P.	Head		M	W	45	M	2			Ohio	Ohio	Ohio				English	Farmer	General farm	OA		Do	yes		O	P	F	W							
48					Mary E.	Wife		F	W	38	M	2	2	2	Ohio	Ohio	Ohio				English	None				yes yes												
49					Dorothy	Son		M	W	16	S				Ohio	Ohio	Ohio				English	None				yes yes	yes											
50					Gertrude	Daughter		F	W	8	S				Ohio	Ohio	Ohio					None					yes											

TWELFTH CENSUS OF THE UNITED STATES. B

State West Virginia
County Wayne

SCHEDULE No. 1.—POPULATION.

Supervisor's District No. 4
Enumeration District No. 109
Sheet No. 20 3

Township or other division of county Butler District
Name of Institution, X
Name of incorporated city, town, or village, within the above-named division, X
Ward of city, X

Enumerated by me on the 25 & 26 day of June, 1900, Frank D Hammond, Enumerator.

Line	Street	House No.	Family No.	Name	Relation	Color	Sex	Date of birth: Month	Year	Age	Married or single	Number of years married	Mother of how many children	Number living	Place of birth	Place of father	Place of mother	Citizenship	Occupation	Months not employed	Attended school	Can read	Can write	Can speak English	Owned or rented	Owned free or mortgaged	Farm or house	Number of farm schedule
				Minnie	Daughter	W	F	Nov	1881	18	S				West Virginia	West Virginia	Kentucky		At school		S	yes	yes	yes				
				Hagey	Son	W	M	Jan	1883	17	S				West Virginia	West Virginia	Kentucky		Farm Labor	0	S	yes	yes	yes				
				Claude	Son	W	M	Dec	1887	12	S				West Virginia	West Virginia	Kentucky		At school		S	yes	yes	yes				
				Lillian	Daughter	W	F	Aug	1886	13	S				West Virginia	West Virginia	Kentucky		" "		S	yes	yes	yes				
				Mirza	Son	W	M	Oct	1896	4	S				West Virginia	West Virginia	Kentucky											
167	169			Robinson, Charles	Head	W	M	June	1867	32	M	16			West Virginia	West Virginia	West Virginia		Farmer	3		yes	yes	yes	O	F	F	286
				Cathy	wife	W	F	Mar	1867	31	M	15	5	5	West Virginia	West Virginia	West Virginia					yes	no	yes				
				Emma	Daughter	W	F	Oct	1886	13	S				West Virginia	West Virginia	West Virginia		At school		S	yes	yes	yes				
				Becca	Daughter	W	F	Dec	1887	10	S				West Virginia	West Virginia	West Virginia		" "		S	yes	yes	yes				
				Boyd	Son	W	M	Jan	1894	6	S				West Virginia	West Virginia	West Virginia				S							
				Julia	Daughter	W	F	Mar	1896	4	S				West Virginia	West Virginia	West Virginia											
				Perry	Son	W	M	Dec	1898	1	S				West Virginia	West Virginia	West Virginia											
168	170			Beane, Jeffer	Head	W	M	July	1846	53	M	26			Ohio	Ohio	Ohio		Farmer	0		yes	yes	yes	O	F	F	287
				Jordan	wife	W	F	Jan	1850	50	M	35	4	4	West Virginia	West Virginia	West Virginia					yes	yes	yes				
				Samuel	Son	W	M	May	1879	21	S				West Virginia	West Virginia	West Virginia		Farm Labor	3								
337	339			Mary	Daughter	W	F	Nov	1883	16	S				West Virginia	West Virginia	West Virginia		At school		S	yes	yes	yes				
338	340			Brown, Benjamin	Head	W	M		1860	39	M	6			West Virginia	West Virginia	West Virginia		Farmer	4		yes	yes	yes	R		F	287
				Minnie	wife	W	F	Oct	1876	23	M	6	3	3	West Virginia	West Virginia	West Virginia					yes	yes	yes				
				Edna	Son	W	M	Jan	1899	5	S				West Virginia	West Virginia	West Virginia											
				Stella	Daughter	W	F	Mar	1896	4	S				Kentucky	West Virginia	West Virginia											
				Victoria	Daughter	W	F	Oct	1899	8	S				Kentucky	West Virginia	West Virginia											
				Allen	Brother	W	M	Feb	1884	16	S				Kentucky	West Virginia	West Virginia		Farm Labor	5	O	yes	no	yes				
				Porter, Nelda	Sister-in-law	W	F	Apr	1886	13	S				West Virginia	West Virginia	West Virginia		At school		S	yes	yes	yes				
339	341			Williamson, Lewis	Head	W	M	Aug	1881	18	S				Kentucky	Kentucky	Kentucky				O	yes	yes	yes	R		H	
				Nancy	Brother	W	M	Mar	1883	17	S				West Virginia	Kentucky	Kentucky		Farm Labor	2	S	yes	yes	yes				
				Irene	Sister	W	F	Oct	1889	10	S				Kentucky	Kentucky	Kentucky		At School		S	yes	yes	yes				
	342			Brown, Anthony	Head	W	M	Dec	1867	32	M	13			Kentucky	Kentucky	Kentucky		Farmer	0		yes	no	yes	C	F	F	287
				Dorothy	wife	W	F	Oct	1871	28	M	13	0	0	West Virginia	West Virginia	West Virginia					yes	no	yes				
				Brambo	Father	W	M	Mar	1840	60	M	[illegible]			Kentucky	Kentucky	Kentucky		Farm Labor	7		yes	yes	yes				
				Margaret	Mother	W	F	Jan	1842	58	M	[illegible]	12	9	Kentucky	New York	West Virginia					yes	no	yes				
343	345			Williamson, Isaac	Servant	W	M	Jan	1877	23	S				Kentucky	Kentucky	Kentucky		At School	2								
344	346			Bailey, Isaac	Head	W	M	June	1873	26	M	1			West Virginia	Virginia	Virginia		Farmer	0		yes	yes	yes	O	F	F	291
				Jennie	wife	W	F		1876	23	M	1	0	0	Kentucky	West Virginia	West Virginia					no	no	yes				
345	347			Wilson, Wesley	Head	W	M	Mar	1850	49	M	29			West Virginia	West Virginia	West Virginia		Farmer	0		yes	yes	yes	O	F	F	291
				Mary E	wife	W	F	June	1855	44	M	29	14	12	West Virginia	West Virginia	West Virginia					yes	yes	yes				
				Sarah	Daughter	W	F	Aug	1877	22	S				West Virginia	West Virginia	West Virginia					yes	yes	yes				
				Mary E	Daughter	W	F	Nov	1877	22	S				West Virginia	West Virginia	West Virginia				O	yes	yes	yes				
				Julia	Daughter	W	F	Jan	1882	18	S				West Virginia	West Virginia	West Virginia				O	yes	yes	yes				
				Virgie	Daughter	W	F	Jan	1885	15	S				West Virginia	West Virginia	West Virginia		At School		S	yes	yes	yes				
				Erskine	Daughter	W	F	Feb	1888	12	S				West Virginia	West Virginia	West Virginia		" "		S	yes	yes	yes				
				Osmia	Son	W	M	Apr	1890	10	S				West Virginia	West Virginia	West Virginia		" "		S	yes	yes	yes				
				Essie	Daughter	W	F	Jan	1894	6	S				West Virginia	West Virginia	West Virginia		" "		S							
				Georgia	Daughter	W	F	Apr	1897	3	S				West Virginia	West Virginia	West Virginia											
				Baby	Daughter	W	F	Apr	1900	2	S				West Virginia	West Virginia	West Virginia											
346	348			Rigg, William	Head	W	M	Feb	1868	32	M	8			West Virginia	West Virginia	West Virginia		Farmer	4		yes	yes	yes	R		F	292
				Caroline	wife	W	F	Dec	1871	28	M	8	4	4	West Virginia	West Virginia	West Virginia					yes	yes	yes				
				Florence	Daughter	W	F	Aug	1892	7	S				West Virginia	West Virginia	West Virginia		At School		S							
				Robert	Son	W	M	Nov	1893	6	S				West Virginia	West Virginia	West Virginia		" "		S							
				Fred	Son	W	M	Apr	1895	4	S				West Virginia	West Virginia	West Virginia											
				Robert	Son	W	M	Sept	1897	2	S				West Virginia	West Virginia	West Virginia											

B

State: West Virginia
County: Wayne

SCHEDULE No. 1.—POPULATION.

Supervisor's District No. 4 — Enumeration District No. 117 — Sheet No. 1

Township or other division of county: Stonewall District — Name of Institution: — Ward of city:

Name of incorporated city, town, or village, within the above-named district:

Enumerated by me on the 5th day of June, 1900. Nelly Perry, Enumerator.

Location (Street, House No., Dwelling No., Family No.)	Name	Relation	Personal Description: Color or race	Sex	Age	Month of birth	Year of birth	Married or single	Number of years married	Number of children born to this mother	Number of children living	Nativity: Place of birth of this person	Place of birth of father of this person	Place of birth of mother of this person	Citizenship: Year of immigration	Number of years in U.S.	Naturalization	Occupation, trade, or profession	Months not employed	Education: Attended school	Can read	Can write	Can speak English	Owned or rented	Owned free or mortgaged	Farm or house
	Wilburn	son	W	M	Mar	1899	1	S				West Virginia	West Virginia	West Virginia												
30 30	Black Andrew J.	head	W	M	Feb	1866	34	M	5			West Virginia	West Virginia	West Virginia										R		F 30
	Pokonontas	wife	W	F	May	1871	28	M	5	3	2	West Virginia	West Virginia	West Virginia							no	no	yes			
	Wm B	son	W	M	Feb	1891	9	S				West Virginia	West Virginia	West Virginia							yes	yes	yes			
	John	son	W	M	Feb	1894	6	S				West Virginia	West Virginia	West Virginia							no	no	no			
31 31	Wells Thomas J.	head	W	M	Apr	1870	30	M	5			West Virginia	West Virginia	Kentucky				Farmer			no	no	no			
	Mary E	wife	W	F	Feb	1873	27	M	5	2	2	Kentucky	Kentucky	Kentucky							yes	yes	yes			
	Lydia	daughter	W	F	May	1896	4	S				West Virginia	West Virginia	Kentucky							yes	yes	yes			
32 32	Wells Wm H.	head	W	M	Apr	1868	32	M	13			Kentucky	Virginia	Kentucky				Farmer	4		yes	no	yes	R	F	F 32
	Nancy J	wife	W	F	May	1867	33	M	13	4	10	Kentucky	Kentucky	Kentucky							yes	no	yes			
	Arthur	son	W	M	May	1889	11	S				West Virginia	Virginia	Kentucky				Farm Laborer	2		yes	no	yes			
	Ira B	son	W	M	Apr	1891	9	S				West Virginia	Virginia	Kentucky				Farm Laborer	2		yes	yes	yes			
	Wade	son	W	M	Sept	1877	22	S				West Virginia	Virginia	Kentucky				Farm Laborer	3	3	no	no	yes			
	Stella	daughter	W	F	Jan	1881	19	S				West Virginia	Virginia	Kentucky				Farm Laborer			no	no	yes			
33 33	Hardman Geo W.	head	W	M	Apr	1877	23	M	2			Virginia	Virginia	Virginia				Farmer	6		no	no	yes	R		F 33
	Mary E	wife	W	F	Feb	1880	16	M	2	1	1	West Virginia	Virginia	Kentucky												
	Edna	daughter	W	F	Dec	1899	1	S				West Virginia	West Virginia	West Virginia						0	no	no	yes			
34 34	Adkins Wm A.	head	W	M	Sept	1872	27	M	8			West Virginia	West Virginia	West Virginia				Farmer	4		yes	yes	yes	R	F	F 34
	Rosetta L	wife	W	F	Nov	1871	27	M	8	4	3	West Virginia	West Virginia	West Virginia							no	no	yes			
	Pelina	daughter	W	F	June	1892	7	S				West Virginia	West Virginia	West Virginia				At school		5	no	no	yes			
	Pearlie	daughter	W	F	Sept	1896	3	S				West Virginia	West Virginia	West Virginia				At school		2	no	no	yes			
	Alva	son	W	M	May	1897	3	S				West Virginia	West Virginia	West Virginia							no	no	yes			
35 35	Adkins Malcolm	head	W	M	Apr	1869	30	M	12			West Virginia	West Virginia	West Virginia				Farmer	4		yes	yes	yes	R		F 35
	Armenta	wife	W	F	Oct	1871	28	M	12	8	7	West Virginia	West Virginia	West Virginia							yes	no	yes			
	Albert	son	W	M	Jan	1888	11	S				West Virginia	West Virginia	West Virginia				At school		5	yes	no	yes			
	Lawrence	son	W	M	Oct	1893	6	S				West Virginia	West Virginia	West Virginia				At school		5	no	no	yes			
	Otta	son	W	M	Feb	1891	9	S				West Virginia	West Virginia	West Virginia				At school		5	no	no	yes			
	Cephenon	son	W	M	Sept	1893	6	S				West Virginia	West Virginia	West Virginia						0	no	no	yes			
	Sharon	daughter	W	F	Apr	1895	5	S				West Virginia	West Virginia	West Virginia							no	no	yes			
	Rosie	daughter	W	F	Jan	1897	3	S				West Virginia	West Virginia	West Virginia							no	no	yes			
	Elsie	daughter	W	F	Mar	1898	2	S				West Virginia	West Virginia	West Virginia							no	no	yes			
36 36	Ball Silas	head	W	M	Oct	1832	67	M	40			Virginia	Virginia	Virginia				Farmer	6		yes	yes	yes	R		F 36
	Rachel	wife	W	F	Dec	1842	58	M	40	10	11	Kentucky	Virginia	Virginia							no	no	yes			
	William	son	W	M	Mar	1864	36	S				Kentucky	Virginia	Virginia				Farm Laborer	4		no	no	yes			
	Thomas	son	W	M	May	1876	23	S				Kentucky	Virginia	Virginia				Farm Laborer	6		yes	yes	yes			
	James T Rufus	son	W	M	Apr	1883	17	S				Kentucky	Virginia	Virginia				Farm Laborer	6		yes	yes	yes			
	Frank R	son	W	M	Dec	1887	12	S				Kentucky	Virginia	Virginia				Farm Laborer			no	no	yes			
37 37	Butt W. Wm	head	W	M	Nov	1860	39	M	19			Virginia	Virginia	Virginia				Farmer	2		yes	yes	yes	R		F 37
	Nancy S	wife	W	F	Apr	1863	36	M	19	8	8	Kentucky	Virginia	Virginia							no	no	yes			
	John E	son	W	M	July	1885	14	S				Kentucky	Virginia	Virginia				Farm Laborer	4		yes	yes	yes			
	Penelope	daughter	W	F	Nov	1887	13	S				Kentucky	Virginia	Virginia				At school	4		yes	yes	yes			
	Margaret	son	W	M	Oct	1892	6	S				Ohio	Virginia	Virginia					0		no	no	yes			
	Thomas	son	W	M	Dec	1896	4	S				Kentucky	Virginia	Virginia							no	no	yes			
	Marcus	daughter	W	F	May	1898	2	S				Kentucky	Virginia	Virginia							no	no	yes			
38 38	Mason Wm	head	W	M	May	1873	26	M	7			Illinois	Kentucky	Kentucky				Farmer	2		yes	yes	yes	R		F 38
	Etta	wife	W	F	Aug	1879	21	M	7	3	2	West Virginia	West Virginia	West Virginia							yes	yes	yes			
	Nancy Jane	daughter	W	F	Apr	1894	6	S				West Virginia	Illinois	West Virginia						0	no	no	yes			
	Sarah Mary	daughter	W	F	May	1897	1	S				West Virginia	Illinois	West Virginia							no	no	yes			
39 39	Mack Frederick	head	W	M	Nov	1869	30	M	9			West Virginia	West Virginia	Kentucky				Farmer	6		yes	yes	yes	R	F	F 39
	Nancy	wife	W	F	Nov	1869	30	M	9	3	3	Kentucky	Kentucky	Kentucky							no	no	no			

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Martin

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TWELFTH CENSUS OF THE UNITED STATES. 9 A

State: Kentucky
County: Martin

SCHEDULE No. 1.—POPULATION.

Supervisor's District No. 10 | Enumeration District No. 57 | Sheet No. 9

Township or other division of county: Magisterial Dist. No 1 — Name of Institution: X

Name of incorporated city, town, or village, within the above-named division: X — Ward of city: X

Enumerated by me on the 12 & 15 day of June, 1900. H. R. McCoy, Enumerator. 36

Location	Name	Relation	Personal Description: Color or race	Sex	Age	Month of birth	Year of birth	Number of years married	Number of children born to this mother	Number of children living	Nativity: Place of birth of this person	Place of birth of father of this person	Place of birth of mother of this person	Citizenship	Occupation, trade, or profession	Education: Attended school	Can read	Can write	Owned or rented	Owned free or mortgaged	Farm or house
	Laura	wife	w	f	37	Apr	1862	7	3	3	Ky	Ky	Ky				yes	no	yes		
	Eddie	son	w	m	7	Feb	1893	7			Ky	Ky	Ky								
	Rosetta	daughter	w	f	4	Oct	1895	4			Ky	Ky	Ky								
	Vada	daughter	w	f	3	June	1896	3			Ky	Ky	Ky								
	Shears Abe	son	w	m	1	Jan	1899	1			Ky	Ky	Ky		Farm Laborer		No	No	yes		
138/138	Moore Henry	Head	w	m	27	Oct	1872	7			Ky	Ky	Ky		Farmer		yes	No	yes	O	Fr F 135
	Lucy A.	wife	w	f	37	May	1862	7	2	3	Ky	Ky	Ky				No	No	yes		
	Flora	daughter	w	f	6	Apr	1894	6			Ky	Ky	Ky								
	Howard	son	w	m	4	Jan	1896	4			Ky	Ky	Ky								
	Crawford	son	w	m	1	Aug	1898	1			Ky	Ky	Ky								
139/139	Mills John	Head	w	m	52	Apr	1848	25			Ky	Ky	Ky		Farmer		yes	No	yes	O	Fr F 139
	Rebecca	wife	w	f	44	Dec	1855	25	9	9	Ky	Ky	Ky				No	No	yes		
	Ira Field	son	w	m	18	Mar	1881	19			Ky	Va	Ky		Farm Laborer		yes	No	yes		
	Willey	son	w	m	16	Jan	1884	7			Ky	Va	Ky		Farm Laborer		yes	No	yes		
	Mary	son	w	m	14	Nov	1885	2			Ky	Va	Ky		Farm Laborer		No	No	yes		
	Lizzie	daughter	w	f	12	Apr	1888	5			Ky	Va	Ky				No	No	yes		
	John	son	w	m	10	Apr	1890	11			Ky	Va	Ky		Farm Laborer		No	No	yes		
	Florence	daughter	w	f	8	Aug	1892	9			Ky	Va	Ky								
	Willie	daughter	w	f	7	May	1894	6			Ky	Va	Ky								
	Hannon Ann	son-in-law	w	m	28	Jan	1872	2	1/2		Ky	Ky	Ky		Farm Laborer		yes	yes	yes		
	Jennie	daughter	w	f	4	June	1895	4	2	2	Ky	Va	Ky				Yes	yes	yes		
	Lizzie	daughter	w	f	2	Feb	1898	2			Ky	Ky	Ky								
	Elizabeth	daughter	w	f	1	Mar	1899	1			Ky	Ky	Ky								
140/140	Coffey Elizabeth	Head	w	f	60	Apr	1840	6			Va	Va	Va				No	No	yes	R	M
141/141	Hurd John	Head	w	m	40	Jan	1861	21	1	1	Ky	Ky	Ky		Farmer		yes	yes	yes	R	F 135
	Emma	wife	w	f	36	Dec	1863	21	3	3	Ky	Ky	Ky				No	No	yes		
	Sarah	daughter	w	f	3	May	1897	3			Ky	Ky	Ky								
	Willie	daughter	w	f	4	Apr	1897	3			Ky	Ky	Ky								
	Tennessee	daughter	w	f	1	June	1899	1			Ky	Ky	Ky								
142/142	Endicott Noah	Head	w	m	38	July	1862	8			Ky	Ky	Ky		Farmer		No	No	yes	R	F 136
	Martha	wife	w	f	36	June	1864	8	4	3	Ky	Ky	Ky				No	No	yes		
	Henry	son	w	m	17	May	1883	7			Ky	Ky	Ky								
	Mary	daughter	w	f	8	Feb	1892	5			Ky	Ky	Ky								
	Sam	son	w	m	2	Nov	1899	1			Ky	Ky	Ky								
143/143	Hurkle Nick	Head	w	f	62	Apr	1838	5	3	3	Ky	Ky	Ky		Farmer		yes	No	yes	R	F 137
	Charles	daughter	w	f	6	Apr	1894	8			Ky	Ky	Ky				yes	No	yes		
	Catherine	daughter	w	f	3	Jan	1897	5			Ky	Ky	Ky				yes	No	yes		
	Charlotte	daughter	w	f	3	Mar	1897	3			Ky	Va	Ky				yes	No	yes		
	Mary	daughter	w	f	4	Apr	1897	3			Ky	Ky	Ky				yes	No	yes		
	Henry	son	w	m	20	Jan	1879	5			Ky	Ky	Ky								
	Jackie	daughter	w	f	4	Apr	1895	4			Ky	Ky	Ky								
	Marion	son	w	m	2	Dec	1897	3			Ky	Ky	Ky								
	Meighan	daughter	w	f	1	Dec	1898	1			Ky	Ky	Ky								
144/144	Endicott Sam	Head	w	m	30	Mar	1869	11	2		Ky	Ky	Ky		Farmer		No	No	yes	O	Fr F 138
	Mead	wife	w	f	26	Dec	1873	11	1	1	Ky	Va	Ky				No	No	yes		
	Cecil Polly Ann	daughter	w	f	8	Jan	1892	8			Ky	Ky	Ky								
	Sammie Mary J.	daughter	w	f	1	May	1897	3	1	1	Ky	Ky	Ky				No	No	yes		
	M.	son	w	m	1	Mar	1898	2			Ky	Va	Ky				No	No	yes		
145/145	Hurman Benjamin F.	Head	w	f	44	July	1856	13	1	4	Va	Va	Va		Farmer		yes	No	yes	O	Fr F 139
	Emma	daughter	w	f	24	Dec	1875	3			Ohio	Germany	Ohio		Farm Laborer		yes	yes	yes		

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TWELFTH CENSUS OF THE UNITED STATES. B

State: Kentucky
County: Martin

SCHEDULE No. 1.—POPULATION.

Supervisor's District No. 10 | Enumeration District No. 57 | Sheet No. 9

1900 Martin Co.

Hinkle, Vick	4-1863	38	Sin	8-4
Chalis	4-1882	18		
Catherine	1-1885	15		
Charlotta	3-1887	13		
Mary J	4-1889	10		
Henry	1-1892	8		
Gracie	4-1895	4		
Marian	12-1898	1		
Maryland	12-1898	1		

1900 Martin County Ky — 1st District

134. (continued)									
SPAULDING, Wm.	Ne	Dec 69	30	9		KY	KY	KY
" Lizzie	Ni	Oct 75	24	9	5/3		"	
" Susie	Ni	Jne 95	4				"	
" Lenville	Ne	Jan 98	2				"	
" Ida	Ni	Jan 9100					"	
135. MILLS, Wm.	H	Mch 35	65	15		KY	NC	KY
Betsie	W	Nov 44	55	15	2/2	KY	KY	KY
136. HORN, Fred	H	Apr 48	52	30		KY	KY	KY
Mary	W	Jne 53	46	30	15/12	WV	WV	KY
John	S	Aug 75	24	s		KY	KY	WV
Lizzie	D	Jly 81	18	s			"	
Isaac	S	Oct 82	17	s			"	
Willie	S	Feb 86	14				"	
Effie	D	Feb 87	13				"	
Vashti	D	Feb 88	12				"	
Zettie	D	Feb 90	10				"	
Bascomb	S	Mch 96	4				"	
137. HORN, James	H	Mch 74	26	7		KY	KY	WV
Laura	W.	Apr 75	25	7	3/3	WV	KY	WV
Eddie	S	Mch 93	7			KY	KY	WV
Vashti	D	Oct 95	4				"	
Vada	D	Jne 96	3				"	
SPEARS, Abe	BL	Jan 80	20	s		WV	KY	WV
138. HORN, Harry	H	Oct 70	29	7		KY	KY	WV
Amy	W	May 77	23	7	3/3	WV	KY	WV
Rosa	D	Apr 94	6			KY	KY	WV
Lenard	S	Jan 96	4				"	
Sanford	S	Aug 98	1				"	
139. MILLS, John	H	Apr 55	45	22		WV	KY	WV
Elizabeth	W	Dec 59	40	22	9/9	KY	KY	KY
Garfield	S	Mch 81	19	s		KY	WV	KY
Willie	S	Jan 83	17	s			"	
Mart	S	Nov 85	14				"	
Lizzie	D	Apr 88	12				"	
John	S	Apr 89	11				"	
Dorcas	D	Aug 90	9				"	
Nellie	D	May 94	6				"	
HARMON, Ben	SL	Jne 77	22	½yr.		KY	KY	KY
" Jennie	D	Jne 79	20	½yr.	2/2	KY	WV	KY
" Dixie	Gd	Feb 98	2			KY	KY	KY
" Floyd	GS	Dec 99					"	
140. COPLEY, Penelope	H	Apr 22	78	Div		WV	WV	WV
141. HARRIS, John	H	Jne 68	31	12		KY	KY	KY
Evaline	W	Dec 68	31	12			"	
Sarah J.	D	May 93	6				"	
Millie	D	Apr 97	3				"	
Laura	D	Jne 99					"	
142. ENDICOTT, Josh	H	Jly 70	29	8		KY	KY	KY
Nancy	W	Jne 66	33	8	4/3		"	
Harry	S	May 93	7				"	
Mary	D	Feb 95	5				"	
Sam	S	May 99	1				"	

TWELFTH CENSUS OF THE UNITED STATES. B

State Kentucky
County Marion

SCHEDULE No. 1.—POPULATION.

Supervisor's District No. 10 | Sheet No. 4
Enumeration District No. 55

Township or other division of county 3rd Magisterial District — Name of Institution
Name of incorporated city, town, or village, within the above-named division — Ward of city
Enumerated by me on the 11 day of June, 1900, H. B. Huff, Enumerator.

Location	Name	Relation	Personal Description	Nativity	Citizenship	Occupation, Trade, or Profession	Education	Specials
61 61	Moore, Henry	Head	M W Mar 1871 29 M 1	Kentucky Kentucky Kentucky		Farmer O	yes yes yes	C F 61
	Mary	wife	F W 1872 28 M 7 2 5	Kentucky Kentucky Kentucky			No yes yes	
	Lizzie	daughter	W F Nov 1891 8 S	Kentucky Kentucky Kentucky			O	
	Sarah	daughter	W F Aug 1894 5 S	Kentucky Kentucky Kentucky				
	McKinley	Son	M W Oct 1895 4 S	Kentucky Kentucky Kentucky				
62 62	Field, Henry	Head	W M Mar 1866 33 M 1	Kentucky Kentucky Kentucky		Farmer O	yes yes yes	F F 62
	Mary R	wife	W F June 1868 31 M 1 1	Kentucky Kentucky Kentucky			yes yes yes	
	Dollie	Son	W M May 1891 2 S	Kentucky Kentucky Kentucky				
63 63	Huff, David	Head	W M Jan 1870 30 M 1	Kentucky Kentucky Kentucky		Farmer O	yes yes yes	C F 63
	Virginia R	wife	W F Dec 1870 29 M 2 5 5	Kentucky Kentucky Kentucky			yes yes yes	
	Jessie	daughter	W F Jan 1898 7 S	Kentucky Kentucky Kentucky				
	Ida	daughter	W F July 1896 4 S	Kentucky Kentucky Kentucky				
	James M	Son	W M Jan 1893 2 S	Kentucky Kentucky Kentucky				
	Ewing	Son	W M Apr 1895 1 S	Kentucky Kentucky Kentucky				
	Lida	daughter	W F Apr 1899 [illegible] S	Kentucky Kentucky Kentucky				
64 64	Kurtz, Samuel	Head	W M Jan 1863 36 M 6	Kentucky Kentucky Kentucky		Farmer O	yes yes yes	R F 64
	Viola	wife	W F Dec 1873 25 M 6 1 1	Kentucky Kentucky Kentucky			yes yes yes	
	Nancy	daughter	W F Jan 1894 6 S	Kentucky Kentucky Kentucky				
	Earnest James	Boarder	W M Jan 1879 21 S	Kentucky Kentucky Kentucky		Farm laborer O	O No No yes	
	Ben Waller	Boarder	W M May 1880 19 S	Kentucky Kentucky Kentucky		Farm laborer O	O	
65 65	Waller, William	Head	W M Jan 1872 28 M 13	Kentucky Kentucky Virginia		Farmer O	yes yes yes	R F F 65
	Anna H	Son	W M Sept 1891 8 S	Kentucky Kentucky Kentucky			O	
66 66	Howard, Felix	Head	W M Mar 1872 27 M 12	Kentucky do do		Farmer O	No No yes	O F F 66
	Katherine	Wife	W F Mar 1873 26 M 12 6 6	Kentucky Kentucky Kentucky			yes No yes	
	Augustus H	Son	W M May 1892 7 S	Kentucky Kentucky Kentucky			O	
	Morgan Lorenzo B	Boarder	W M Oct 1879 20 M 2 2	Kentucky do do		Miner O	No No yes	
	Riley J	Boarder	W M Nov 1882 6 S	Kentucky Kentucky Kentucky				
	John	Boarder	W M June 1883 3 S	Kentucky Kentucky				
67 67	Howard, Jackson	Head	W M Oct 1852 26 M 8	Kentucky Kentucky Kentucky		Farmer O	yes yes yes	C F F 67
	Rebecca	Wife	W F May 1854 15 M 2 2	Kentucky Kentucky Kentucky			yes yes yes	
	Laura B	Son	W M Oct 1891 2 S	Kentucky Kentucky Kentucky				
	Thelma	daughter	W F Mar 1896 [illegible] S	Kentucky Kentucky Kentucky				
68 68	Fitchen, Jeff	Head	W M June 1872 27 M 2	Kentucky Kentucky Kentucky		Farmer O	yes No yes	O F F 68
	Minna	Wife	W F Nov 1874 25 M 2 1 6	Kentucky do do				
	William	Son	W M Jan 1892 8 S	Kentucky Kentucky Kentucky			yes yes yes	
	Isaac	Son	W M July 1893 7 S	Kentucky Kentucky Kentucky			O yes yes yes	
	Richard	Son	W M Mar 1895 5 S	Kentucky Kentucky Kentucky			O yes yes yes	
	Esther	daughter	W F June 1897 3 S	Kentucky Kentucky Kentucky			O	
	Katherine	daughter	W F Apr 1898 2 S	Kentucky Kentucky			O	
69 69	Moore, William	Head	W M May 1877 23 M 1	Kentucky Kentucky Kentucky		Farmer O	yes yes yes	R F 69
	Mary J	wife	W F Sept 1876 23 M 1 1 1	Kentucky Kentucky Kentucky			yes yes yes	
	Ruby L	daughter	W F Dec 1899 [illegible] S	Kentucky Kentucky Kentucky				
70 70	Fedrick, David	Head	W M June 1850 50 M 8	Kentucky Kentucky Indiana		Farmer O	yes yes yes	O F F 70
	Sarah	Wife	W F Sept 1854 22 M 8 6 6	Kentucky Kentucky Kentucky			yes yes yes	
	William H	Son	W M Nov 1878 [illegible] S	Kentucky Kentucky Kentucky			O	
	Emmery	Son	W M Aug 1882 [illegible] S	Kentucky Kentucky Kentucky			O	
	Nobody	daughter	W F Jan 1886 [illegible] S	Kentucky Kentucky Kentucky				
	Maude	daughter	W F Feb 1890 [illegible] S	Kentucky Kentucky Kentucky				
	John	Son	W M June 1892 [illegible] S	Kentucky Kentucky Kentucky				
	Jesse	Son	W M Jan 1899 [illegible] S	Kentucky Kentucky Kentucky				

TWELFTH CENSUS OF THE UNITED STATES. 5 41 A

State Kentucky
County Marion

SCHEDULE No. 1.—POPULATION.

Supervisor's District No. 10 | Sheet No. 5
Enumeration District No. 55

1900 Dist 1 Martin Co Ky

Howard, Jackson	10-1873	26	Ky	Ky	Ky
Columbia	5-1881	19			
Laura E.	12-1887	2			
Tishie	3-1900	2/12			

Name Not Found
Before Enumeration

1900 Wayne County WV Grant District

#255-THOMPSON,	WAYNE	head	Mar.1857	43	M	22			WV. KY. WV.	farmer
	Bethane	wife	Apr.1858	42	M	22	0	0	WV. WV. WV.	
MARCUM,	Andrew	nephew	Feb.1887	13					WV. WV. WV.	
SHANNON,	Milton	laborer	Apr.1886	14					KY. KY. KY.	
#256-McCANNAN,	ALBERT	head	Dec.1868	31	M	0			WV. ? ?	farmer
	Elizabeth	wife	Dec.1875	24	M	0	3	3	KY. KY. KY.	
HORNE,	Martha J.	step-dau	Mar.1894	6					KY. KY. KY.	
HORNE,	Samuel	step-son	July 1897	2					WV. KY. KY.	
HORNE,	William McK.	step-son	July 1897	2					WV. KY. KY.	
#257-MAYNARD,	MARCUS	head	Apr.1825	75	M	27			KY. VA. KY.	farmer
	Mary	wife	Aug.1852	47	M	27	13	7	KY. KY. KY.	
	Hiram	son	Jan.1886	14					WV.	
	Benjamin H.	son	Oct.1888	11					WV.	
	Dicie	dau	Sept.1890	9					WV.	
	Christopher C.	son	Mar.1894	6					WV.	
MARTIN,	Rutherford	son-in-law	Aug.1877	22	M	0			OH. KY. OH.	
MARTIN,	Sarah	dau	Nov.1882	17	M	0	0	0	WV.	
#258-MARTIN,	WINCHESTER	head	Oct.1860	39	M	17			OH. OH. OH.	
	Mary A.	wife	Jan.1865	35	M	17	6	4	WV. WV. WV.	
	Georgia	dau	Sept.1888	11					WV.	
	Everett	son	Aug.1890	9					WV.	
	Walter	son	May 1895	5					WV.	
	Vernie	dau	Oct.1897	2					WV.	
#259-MAYNARD,	LEWIS	head	May 1878	22	M	0			WV. KY. KY.	farmer
	Myrtle	wife	Apr.1882	18	M	0	0	0	OH. OH. OH.	
#260-KIRK,	REUBIN(GIDEON)	head	Feb.1857	43	M	12			WV. WV. WV.	farmer s/o Thomas
(Maynard)	Sarah	wife	Apr.1870	30	M	12	5	5	WV. WV. WV.	d/o Absolum
	Winfield	son	Sept.1880	19					WV.	
	William	son	Nov.1883	16					WV.	
	John H.	son	Sept.1886	13					WV.	
	Kelley	son	Apr.1889	11					WV. m. Norma Lycans	
	Noah	son	Aug.1891	8					WV. m. Lilly Moore	
	James H.	son	Mar.1894	6					WV. m. Florence Hensley	
	Lafayette	son	May 1896	4					WV. m. Brookie Marcum	
MAYNARD,	Gideon	bro-in-law	Apr.1874	26	WD				WV. WV. WV.	

(Hardesty's History of Wayne County, Grant District, Page 230---REUBEN GIDEON KIRK-son of Thomas May and Mahalia (Damon) Kirk, was born in Cabell county, on the 3rd of Feb.1857. He married Matilda Hunt, who was born in Russell Co. Va. Feb.28,1861, a daughter of William Henderson Hunt and Mary (Dye) Hunt. Her mother died in Russell Co. in 1873. The marriage of Reuben G. Kirk & Matilda Hunt was solemnized in Wayne county, by Rev. James Queen, July 27,1878. They habe two children and death has taken one: Sinthy was born July 23,1879; Winfield was born Sept.16,1880; Joseph born Apr.29, 1882, died Feb.17,1883. Mr. Kirk owns 171 3/4 acres of land on Milam Fork of Twelve Pole. Fifty acres are cleared and in a good state of cultivation, well watered, with fine orchard and comfortable residence. The remaining land is covered with poplar, oak, walnut, hickory, locust, sugar, ash, beech, etc., and this portion of his land is underlain with cannel and stone coal, iron ore, and good building stone. He receives his mail at Cove Creek, Wayne county, W.Va.)

#261-PERRY,	ESAW	head	Dec.1874	25	M	5			WV. WV. WV.	farmer s/o Thomps
(Maynard)	Polly	wife	Feb.1878	22	M	5	2	2	WV. WV. WV.	d/o Owen "Black Owen"
	Luraney	dau	Dec.1896	3					WV. m. Taylor Maynard	
	Hobert	son	May 1899	1					WV. m. Della Skeens	
#262-PERRY,	ANDREW	head	Oct.1844	55	M	3			WV. KY. KY.	farmer
	Laura	wife	Nov.1878	21	M	3	1	1	WV. WV. WV.	
	Emaline	dau	July 1897	2					WV.	
#263-WILLIAMSON,	JONAH	head	July 1850	49	M	33			KY. KY. WV.	farmer
(Canada)	Sarah	wife	Jan.1850	40	M	33	6	3	KY. KY. KY.	
	Moses B.	son	Feb.1882	18					WV. m. Delilah Maynard	
	Larkin	grand-son	July 1897	2					WV. WV. KY.	

1900 Wayne County WV

Grant Twp

197-196 McCormon Albert Mar 1864 31 [illegible] WV — —

Elizabeth Dec 1875 24 [illegible] [illegible] KY

Hoard, Martha J Mar 1899 6 [illegible] [illegible] [illegible] [illegible]

, Samuel July 1897 2 WV [illegible] [illegible]

, Wm Roe July 1897 2 WV [illegible] [illegible]

1900 Lawrence Co KY

					E.D. 79		Sheet 2			Line 23	
36	McCanon, Sampson	54	Feb	1846	18		WV	WV	WV		
([illegible])	- Mary	45	Dec	1854	4	1	KY	CH	KY		
	Ulysses G.	29	Feb	1871	3		WV	WV	WV		
([illegible])	- Angeline	24	Nov	1875			KY	KY	KY		

7380 B

TWELFTH CENSUS OF THE UNITED STATES.

SCHEDULE No. 1.—POPULATION.

State: Ohio
County: Scioto

Supervisor's District No. 1 — Sheet No. 4
Enumeration District No. 120

Township or other division of county: Vernon Township — Name of Institution: — Ward of city:

Name of incorporated city, town, or village, within the above-named division:

Enumerated by me on the 7 day of June, 1900. George E. Kagay, Enumerator.

Location			Name	Relation	Personal Description									Nativity			Citizenship			Occupation, Trade, or Profession		Education				Speech & Sec.			
			Lincoln	Son	M	W	July	1896	3					Ohio	Ohio	Ohio						6	yes	yes	yes				
			Charles	Daughter	F	W	May	1898	2					Ohio	Ohio	Ohio							yes	yes	yes				
			Edna	Son	M	W	Feb	1900	1					Ohio	Ohio	Ohio							yes	yes	yes				
			Geraldine	Son	M	W	Apr	1897	3					Ohio	Ohio	Ohio							yes	yes	yes				
			George Fogle	Boarder	M	W	May	1855	45	M				Ohio	Ohio	Ohio				Day Laborer	W		yes	yes	yes				
66	66		Wilson Henry	Head	M	W	Oct	1872	27	M	4			Germany	Germany	Germany	1892	41	N				yes	yes	yes	0	P	S	S
			Edna	Daughter	F	W	Mar	1894	6					Germany	Germany	Germany							yes	yes	yes				
			Edna G.	Daughter	F	W	Feb	1896	4	S				Ohio	Germany	Germany							yes	yes	yes				
			James Edward F.	Boarder	M	W	Apr	1877	23	S				Ohio	Virginia	Ohio				Farm Laborer			yes	yes	yes				
			Emmanuel E.	Boarder	M	W	Apr	1877	23	S				Ohio	Virginia	Ohio							yes	yes	yes				
			Scott William	Lodger	M	W	Apr	1877	23	S				Ohio	Ohio	Ohio				Farm Laborer			yes	yes	yes				
67	67		Conway Dudley	Head	M	W	Nov	1873	26	M	4			Ohio	Ohio	Ohio				Farm Laborer		0	yes	yes	yes			S	
			Ruby H.	Wife	F	W	May	1898	2	M	4			Ohio	Ohio	Ohio							yes	yes	yes				
			Garnie	Daughter	F	W	Feb	1897	3	S				Ohio	Ohio	Ohio													
			Georgia	Daughter	F	W	Mar	1899	1	S				Ohio	Ohio	Ohio													
			Crawford George	Boarder	M	W	Jan	1869	30	M				Indiana	Indiana	Indiana	1890	10	N	Sawmill manager			yes	yes	yes	0	P	S	S
68	68		Gray John H.	Head	M	W	Nov	1873	26	M	11			Virginia	North Carolina	Virginia				Farmer		2	yes	yes	yes	7		S	S
			Frances	Wife	F	W	Oct	1877	22	M	11	1	1	Virginia	Virginia	Virginia							yes	yes	yes				
			Nora B.	Daughter	F	W	Apr	1899	1	S				Virginia	Virginia	Virginia				Farm Laborer			yes	yes	yes				
			James J.	Son	M	W	Feb	1897	3	S				Virginia	Virginia	Virginia							yes	yes	yes				
			Charles F.	Son	M	W	May	1895	5	S				Ohio	Virginia	Virginia							yes	yes	yes				
69	69		Lewis Spencer	Head	M	W	Apr	1874	25	M	6			Ohio	Ohio	Ohio				Day Laborer			yes	yes	yes	7		S	
			Lydia	Wife	F	W	Feb	1877	23	M	6			Ohio	Ohio	Ohio													
70	70		Nelson Jesse	Head	M	W	Apr	1870	29	S				Virginia	Virginia	Virginia				Day Laborer	W		yes	yes	yes	7		S	
			Millard	Son	M	W	Nov	1892	7	S				Virginia	Virginia	Virginia				Day Laborer	W		yes	yes	yes				
71	71		Deer John E.	Head	M	W	May	1860	40	M	12			Virginia	Virginia	Virginia				Day Laborer	W		yes	yes	yes	7		S	
			Julia	Wife	F	W	Oct	1870	29	M	12			Virginia	Virginia	Virginia													
			Carlie	Daughter	F	W	Oct	1897	10	S				Virginia	Virginia	Virginia							yes	yes	yes				
			Florence	Daughter	F	W	June	1894	6	S				Virginia	Virginia	Virginia													
72	72		Roth John	Head	M	W	Oct	1854	45	M	21			Ohio	Germany	Germany				Farmer	O		yes	yes	yes	C	P	S	S
			William H.	Son	M	W	Apr	1877	23	S	1	1		Ohio	Ohio	Ohio							yes	yes	yes				
			Talbert H.	Son	M	W	Jan	1879	21	S				Ohio	Ohio	Ohio				Farm Laborer	O		yes	yes	yes				
			Ora F.	Son	M	W	Mar	1881	19	S				Ohio	Ohio	Ohio				Farm Laborer	O		yes	yes	yes				
			Lilly J.	Daughter	F	W	Mar	1883	17	S				Ohio	Ohio	Ohio						6	yes	yes	yes				
			Nellie B.	Daughter	F	W	Dec	1884	15	S				Ohio	Ohio	Ohio						6	yes	yes	yes				
			Bellona E.	Son	M	W	Feb	1888	12	S				Ohio	Ohio	Ohio						6	yes	yes	yes				
			Herman C.	Daughter	F	W	Apr	1892	8	S				Ohio	Ohio	Ohio													
			Arthur O.	Son	M	W	Apr	1893	7	S				Ohio	Ohio	Ohio													
			Valley T.	Son	M	W	Jan	1895	5	S				Ohio	Ohio	Ohio													
			Minnie E.	Daughter	F	W	Jan	1898	2	S				Ohio	Ohio	Ohio													
			Michael	Boarder	M	W	Apr	1854	46	S				Ohio	Germany	Germany				Day Laborer	C		yes	yes	yes				
73	73		Roth John A.	Head	M	W	June	1869	31	M	11			Ohio	Germany	Germany				Farmer	O		yes	yes	yes	C	P	S	S
			Minnie C.	Wife	F	W	Dec	1870	29	M	11	4	4	Ohio	Pennsylvania	Pennsylvania							yes	yes	yes				
			Edgar O.	Son	M	W	Nov	1888	11	S				Ohio	Ohio	Ohio				Farm Laborer		6	yes	yes	yes				
			Otto C.	Son	M	W	Mar	1890	10	S				Ohio	Ohio	Ohio						6	yes	yes	yes				
			Chester A.	Son	M	W	Aug	1892	7	S				Ohio	Ohio	Ohio													
			Walter T.	Son	M	W	Feb	1895	5	S				Ohio	Ohio	Ohio													
			Howard	Son	M	W	Aug	1897	2	S				Ohio	Ohio	Ohio													
			Richard	Son	M	W	Dec	1899	6	S				Virginia	Virginia	Virginia				Husband's Day Work			yes	yes	yes				
			Nellie Burton	Daughter	F	W	Mar	1871	29	S				Ohio	Ohio	Ohio				Housework	O		yes	yes	yes				

D. [7-800.]

Page No. 40
Supervisor's Dist. No. 4
Enumeration Dist. No. 84

Note A.—The Census Year begins June 1, 1879, and ends May 31, 1880.
Note B.—All persons will be included in the Enumeration who were living on the 1st day of June, 1880. No others will. Children BORN SINCE June 1, 1880, will be OMITTED. Members of Families who have DIED SINCE June 1, 1880, will be INCLUDED.
Note C.—Questions Nos. 13, 14, 22 and 23 are not to be asked in respect to persons under 10 years of age.

SCHEDULE I.—Inhabitants in Elizabeth Township, in the County of Lawrence, State of Ohio enumerated by me on the 17 day of June, 1880.

F. W. Ehlich
Enumerator

In Class.	Dwelling-houses numbered in the order of visitation	Families numbered in the order of visitation	The Name of each Person whose place of abode on the day of June, 1880, was in this family.	Personal Description. Color, White, Black, or Mulatto	Sex, Male or Female	Age at last birthday. If under 1 year, state months.	Relationship of each person to the head of the family (husband, wife, son, daughter, servant, boarder, or lodger)	Civil Condition. Married, Widowed, or Divorced	Occupation, Trade, or Profession of each person, male or female	Months not at work	Attended School within the year	Cannot Read	Cannot Write	Place of Birth of the person enumerated. State or Territory of United States, or the Country, if a foreign birth	Place of Birth of the Father of the person enumerated. State or Territory of United States, or the Country, if a foreign birth	Place of Birth of the Mother of the person enumerated. State or Territory of United States, or the Country, if a foreign birth
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
331	346	Ousey Rebecca	W	F	40	Wife		1	Keeping house				1	Ohio	Ohio	Ohio
		— Elizabeth	W	F	19	Daughter		1	At Home					Ohio	Ohio	Ohio
		— Jesse	W	M	14	Do		1	At Home			1		Ohio	Ohio	Ohio
		— Samuel	W	M	17	Son		1	At Home			1		Ohio	Ohio	Ohio
		— Mary	W	F	10	Daughter		1	At Home					Indiana	Ohio	Ohio
		— Richard	W	M	8	Son		1	" "					Ohio	Ohio	Ohio
		— Blanche	W	F	6	Daughter		1	" "					Ohio	Ohio	Ohio
332	347	Paul Jesse	W	M	28			1	Ore Miner				1	Ohio	Virginia	Ohio
		— Alice	W	F	27	Wife		1	Keeping house				1	Ohio	Virginia	Virginia
		Crouse Rhoda	W	F	65	Mother		1						Virginia	Virginia	Virginia
333	348	Sclarender Henry	W	M	34			1	Ore Miner					Ohio	Ohio	Virginia
		— Jemima	W	F	26	Wife		1	Keeping house					Virginia	Virginia	Ohio
		— Rosa	W	F	9	Daughter		1	At Home					Ohio	Ohio	Virginia
		— William	W	M	4	Son		1	" "					Ohio	Ohio	Do
		— Martha	W	F	2	Daughter		1						Ohio	Ohio	Do
334	349	Stewart Benjamin	W	M	31			1	Ore Miner					Ohio	Ohio	Ohio
		— Hattie	W	F	25	Wife		1	Keeping house					Ohio	Ohio	Virginia
		— Harrison	W	M	8	Son		1	At Home			1		Ohio	Ohio	Ohio
		— Franklin	W	M	6	Son		1	" "			1		Ohio	Ohio	Ohio
		— Annie	W	F	4	Daughter		1	" "					Ohio	Ohio	Ohio
		— George	W	M	3	Son		1						Ohio	Ohio	Ohio
335	350	Miller Thorpton	W	M	24			1	Ore Miner					Kentucky	Kentucky	Kentucky
		— Edith	W	F	20	Wife		1	Keeping house					Kentucky	Kentucky	Kentucky
		— Marcus	W	M	3	Son		1						Kentucky	Kentucky	Kentucky
		— Edward	W	M	Jan	Son		1						Kentucky	Kentucky	Kentucky
336	351	Fain Daniel	W	M	65			1	Ore Miner				1	Kentucky	Virginia	Virginia
		— Peggy	W	F	49	Wife		1	Keeping house			1	1	Kentucky	Virginia	Kentucky
		— Addy	W	M	14	Son		1	At Home			1	1	Virginia	Kentucky	Kentucky
		— Anthony	W	M	22	Son		1	At Home			1	1	Virginia	Kentucky	Kentucky
		— Elizabeth	W	F	8	Daughter		1	" "					Virginia	Kentucky	Kentucky
		— Peggy	W	F	1	Do		1						Virginia	Kentucky	Kentucky
337	352	Wilson William	W	M	66			1	Ore Miner					N York	N York	N York
		— Mary	W	F	30	Wife		1	Keeping house				1	Ohio	N York	Ohio
		— Edward	W	M	11	Son		1	At Home			1		Ohio	N York	Ohio
		— Alice	W	F	7	Daughter		1	" "			1		Ohio	N York	Ohio
		— James	W	M	5	Son		1						Ohio	N York	Ohio
		— Fred	W	M	1	Son		1						Ohio	N York	Ohio
		— Emma	W	F	18	Daughter		1	At Home			1	1	Ohio	N York	Ohio
338	353	Flemmingham	W	M	25			1	Ore Miner				1	Ohio	Ohio	Virginia
		— Mary	W	F	25	Wife		1	Keeping house					Ohio	Ohio	Penn
		Worthington Thomas	W	M	28	Boarder		1	Laborer					Kentucky	Penn	Penn
		Adey George	W	M	25	Boarder		1	Laborer					Kentucky	Kentucky	Kentucky
339	354	Coffman John	W	M	55			1	Ore Miner				1	Kentucky	Virginia	Kentucky
		— Rhoda	W	F	50	Wife		1	Keeping house				1	England	England	England
		— Elmore	W	M	13	Daughter		1	At Home					Ohio	Kentucky	England
		— Jay	W	M	11	Do		1	" "					Ohio	Kentucky	England
		— Florence	W	F	6	Do		1						Ohio	Kentucky	England
		— Minnie	W	F	3	Do		1						Ohio	Do	Do
		— Guy	W	M	Apl	Do		1						Ohio	Do	Do
340	355	Bishop Hugh	W	M	36			1	Ore Miner				1	Kentucky	Kentucky	Kentucky

Note B.—In making entries in columns 9, 10, 11, 12, 13 & 14, an affirmative mark only will be used—thus /, except in the case of divorced persons, column 11, when the letter "D" is to be used.
Note E.—Question No. 18 will only be asked in cases where an affirmative answer has been given either to question 16 or to question 17.
Note F.—Question No. 19 will only be asked in cases where a grateful acknowledgment has been requested in column 12.
Note G.—In column 7 no abbreviations in the name of their month may be used, as Jan., Apr., Dec.

1850 Martin Co KY Precinct # 2

121	Hinkle,	George	62	KY	VA	NC
		Catherine	56		KY	KY
		Romba	22			
		Victoria	14			
		Nancy	15			
98	Hinkle,	Robert	30	KY	KY	KY
		Emma	21			
		Jasper	3			
		Simon	2			
		Ida	2			
25	Hinkle,	L.D.	32	KY	KY	KY
		Lucinda	25			
		Allen	5			
		Columbia	3			
		Choku (f)	2			

Household Record

1880 United States Census

Search results | Download

Previous Household Next Household

Household:

Name	Relation	Marital Status	Gender	Race	Age	Birthplace	Occupation	Father's Birthplace	Mother's Birthplace
Michael HOBBS[1]	Self	M	Male	W	50	KY	Farmer	KY	KY
Catharine HOBBS[2]	Wife	M	Female	W	30	WV	Keeping House	VA	KY
Virginia HOBBS[3]	Dau	S	Female	W	20	VA		KY	VA
George HOBBS[4]	Son	S	Male	W	9	KY		KY	VA
Alexander HOBBS[5]	Son	S	Male	W	7	KY		KY	VA
William MUNCY[6]	SSon	S	Male	W	17	WV		WV	WV
Sarah J. BREWER[7]	SDau	S	Female	W	11	WV		WV	WV
William U. CRUM[8]	GSon	S	Male	W	1M	KY		KY	VA

Notes

[1]ORIG DATA
[2]ORIG DATA
[3]ORIG DATA
[4]ORIG DATA
[5]ORIG DATA
[6]ORIG DATA
[7]ORIG DATA
[8]ORIG DATA

1870 Preston Co WV
p. 502 Lynn Preston

Source Information:

Census Place	Martin, Kentucky
Family History Library Film	1254432
NA Film Number	T9-0432
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1880 Soundex H-650 KY

Boyd Co.
Upper Ashland

			E.D.	Sheet	Line
Horn, Benjamin	42	KY	121	40	1
Mary	38	OH			
Wm S.	4	KY			

Johnson Co.
Flat Gap

Horn, Aquiller	35	KY	44	33	2
Sarah	34	KY			
Thomas	12	KY			
Sarah C.	6	KY			
Milley	5	KY			
Garfield	3	KY			

Johnson Co.
Barnett's Creek Pct # 4

			45	26	36
Horn, Thomas	33	KY			
Mary	24	VA			
Rosa L.	13	KY			
Ida M.	7	KY			
John	5	KY			
Nannie	3	KY			
Albert	1	KY			
Burke, Willie	18	KY	-LA		
Horn, Nancy	75	VA	-mother		

1880 Martin County Ky

124. HORN

Frederick	28	
Mary	24	
Harrison	10	
James	6	
John	4	
Tennessee	3	
Roena	2	

(Frederick Horn, b 24 April 1849, d 24 April 1943, , m 20 Oct 1869 to Mary Jarrel, b 17 June 1853-54?, d 3 March 1945, dau of Dorcas Maynard and Harrison Jarrel. The also had a son Isaac b 17 Oct 1882, d 20 Nov 1962 m Francis Williamson. (per Zondra Horn.)

125. HINKLE

Hiram	22	
Polly	23	
Harrison	April '80	

126. SPAULDING

Samuel	33	
Elizabeth	33	
Peggy	14	
Millie	13	
William	11	
Aaron	9	
Jackson	8	
Mary A.	5	
Laban	3	
Esther	1	
Mary Whitt	21	VA (servant)

127. MAYNARD

Martin	33	
Nancy	26	
Rebecha J.	7	
Cainan	3	
Aaron	1	

(One Martin Maynard m Mary A. McGinnis 3 Dec 1871, Martin Co.)

128. NEWBERRY

S. W.	23	
Elizabeth	21	
Josie	Aug '79	

(Samuel W. Newberry m Elizabeth Porter, dau of Elizabeth Crum and Benjamin Porter.)

129. COPLEY

William D.	42	VA
Nancy	38	VA
Harrison	21	VA
John	18	VA
Thomas	15	
Miram	13	
W. G.	12	
Elizabeth	8	
Samuel	4	
Rachael	1	

130. FLUTY

Aaron	54	
Mary	51	
Sarah	23	
L. T.	19	
Catherine	16	
James T.	3	(grandson)
Launa/Laura?	July '79	(g-dau.)

131. FLUTY

John F.	32	
Romba?	24	
John E.	3	
Auronea?	1	

(Informant says he is son of # 132 but did not correct wife's and dau's names.)

132. FLUTY

Francis	51	
Esther E.	47	
Lee	27	(married)
W. S.	25	
Lucinda	22	
Ezekiel	19	
Thomas B.	17	
Launa	14	
Arzetta	11	

(Francis Fluty m Esther E. Hammond. Their son General Lee was b 9 Nov 1852, Lawrence Co.)

Also included in family # 132:

Ama Williamson	29	(mar. dau.)
Marinda Williamson	11	(grand-dau)
Finey/Viney J. Fluty	16	(dau-in-l.)

(1850 Lawrence Co. census shows Francis Fluty with three daus: Evaline, Marinda, and Polly.)

1880 Martin County Ky

(Andrew J. Booth and Hannah Horn m 28 June 1873, Martin Co.)

105. YATES

Brother — George W. 24
Sarah 18
William Tacket 18 (laborer)

106. IVINS

Hensley 40 WV
Jane 25
Zaruiah (f) 5
Asberry 3
Rachael E. 1

(This name is clearly 'Ivins' on the census but the name on the marriage record is Hensley Evans m 3 Nov 1874, Martin Co., to Mary Jane Hensley.)

107. HENSLEY

Elijah 32 WV
Rebecca 19
Greenville 11
Trinvilla 9 WV
Noah F. 7
Mary E. 2
James M. Feb '80

(Obviously this is a 2nd marriage for Elijah Hensley. Martin Co. records show one Elijah Hensley m 1 March 1878 to Malinda Evans, but this would not be the 1st mar.)

108. DALTON

Thomas J. 32 VA
Mary M. 27 WV
John M. 8
William 6
Albert 4
Delbert 2

109. KITHLINGER

William 35 Germany
Christena 37
Jesse 17
William 13
Eliza E. 11
James 9
Mary 5
Melissa Sept '79

(At least the sons Jesse and William in this family were stepsons whose correct name was Colegrove, although this census shows the whole family under the name Kithlinger.)

110. HORN

James 58 IN
Jane 48 VA
Edmund 19
James 16
Lydda 14
Elizabeth 12
Dorcas 10

(James Horn, b in Jackson Co., IN, m Jane Mullins in 1846. The son James "Fish-hook" Horn m Vashti Copley.)

111. MOSLEY

John 31
Susannah 24
Jefferson 6

(John Mosley and Susannah Hobbs m 18 July 1872, Martin Co.)

112. HORN

William 24 VA
Lucinda 20 WV

113. JARRELL

George 36 WV
Catherine 38
William 12
Jinsie (f) 11
Mary 9
Elizabeth 7
Susannah 5
John 3
Thomas 8 months

114. CRUM

John 49
Francis 48
Hannah Hobbs 25 (servant)
William Alley 14 (nephew)

(Hannah Hobbs became the 2nd wife of Joseph "Joe Cooger" Ward.)

115. CRUM

Jesse 48
Matilda 42
John 20

B.

[7—999.]

Page No. 14
Supervisor's Dist. No. 5
Enumeration Dist. No. 36

Note A.—The Census Year begins June 1, 1879, and ends May 31, 1880.
Note B.—All persons will be included in the Enumeration who were living on the 1st day of June, 1880. No others will. Children BORN SINCE June 1, 1880, will be OMITTED. Members of Families who have DIED SINCE June 1, 1880, will be INCLUDED.
Note C.—Questions Nos. 13, 14, 22 and 23 are not to be asked in respect to persons under 10 years of age.

SCHEDULE 1.—Inhabitants in District No. 36, in the County of Floyd, State of Kentucky, enumerated by me on the 12th day of June, 1880.

Samuel V. Lane
Enumerator

In Class	Dwelling-houses	Families	Name	Relation	Color	Sex	Age	Occupation	Disease	Months	Days	Deaf and Dumb	Blind	Idiot	Insane	Place of Birth	Father's Place of Birth	Mother's Place of Birth
			Jacob Nix	Son	W	M	17	Farm hand								Ky	Ky	Ky
			Catherine	Daughter	W	F	10	At home								Ky	Ky	Ky
			Ulysses G.	Son	W	M	15	Farm hand								Ky	Ky	Ky
			Julia	Daughter	W	F	11	At home								Ky	Ky	Ky
			Thomas H.	Daughter	W	M	8									Ky	Ky	Ky
			Minerva	Daughter	W	F	5									Ky	Ky	Ky
114	114		Lewis Sydney	H	W	M	40	Farmer								Ky	Ky	Va
			Sarah A.	Wife	W	F	44	Keeping house								Ky	Ky	Ky
			Andrew J.	Son	W	M	18	Farm hand								Ky	Ky	Ky
			Lafayette	Son	W	M	15	Farm hand								Ky	Ky	Ky
115	115		Lewis Thomas		W	M	37	Farmer								Ky	Ky	Ky
			Lucy A.	Wife	W	F	40	Keeping house								Ky	Ky	Ky
			John H.	Son	W	M	15	Farm hand								Ky	Ky	Ky
			William R.	Son	W	M	12	Farm hand								Ky	Va	Va
116	116		Lewis Edward S.		W	M	10	Farmer								Ky	Ky	Ky
			Martha	Wife	W	F	52	Keeping house								Ky	Ky	Ky
			Martha	Daughter	W	F	20									Ky	Ky	Ky
			Lucinda	Daughter	W	F	22									Ky	Ky	Ky
			Rosa Bonn	Boarder												Ky	Ky	Ky
			Lucinda G.	Boarder												Ky	Ky	Ky
117	117		Lewis John H.		W	M	52	Farmer								Ky	Ky	Ky
			Elizabeth		W	F	42	Keeping house								Ky	Ky	Ky
			Lillie		W	F	8									Ky	Ky	Ky
118	118		Lewis Robert		W	M	22	Keeping house								Ky	Ky	Ky
			Alexander		W	M	16	Farm hand								Ky	Ky	Ky
			Minty		W	F	14	At home								Ky	Ky	Ky
			Robert		W	M	12	At home								Ky	Ky	Ky
119	119		Lewis George		W	M	44	Sawyer								Ky	Ky	Ky
			Mary		W	F	45	Keeping house								Ky	Ky	Ky
			Martha A.		W	F	18	Farm hand								Ky	Ky	Ky
			Lewis H.		W	M	9									Ky	Ky	Ky
120	120		Lewis Henry		W	M	60	Farmer								Ky	Va	Va
			Rebecca	Wife	W	F	62	Keeping house								Ky	Ky	Ky
			William H.	Son	W	M	22	Farm hand								Ky	Ky	Ky
			Isabel	Daughter	W	F	18	Farm hand								Ky	Ky	Ky
121	121		Lewis Samuel		W	M	40	Farmer								Ky	Ky	Ky
			Martha	Wife	W	F	35	Keeping house								Ky	Ky	Ky
			Lewis	Son	W	M	16	Farm hand								Ky	Ky	Ky
			Louisa	Daughter	W	F	22									Ky	Ky	Ky
			Sidney H.	Son	W	M	19	Farm hand								Ky	Ky	Ky
			George	Son	W	M	16	Farm hand								Ky	Ky	Ky
			Louis	Son	W	M	13	Farm hand								Ky	Ky	Ky
			Victoria	Daughter	W	F	9									Ky	Ky	Ky
			Van Buren	Stepson	W	M	20									Ky	Ky	Ky
122	122		Lewis Edward Jr.		W	M	35	Farmer								Ky	Ky	Ky
			Nancy A.	Wife	W	F	27	Keeping house								Ky	Ky	Ky
			Sophia	Son	W	M	12	Farm hand								Ky	Ky	Ky
			Christy	Daughter	W	F	8									Ky	Ky	Ky
			Lilah	Daughter	W	F	4									Ky	Ky	Ky
			Lewis Sarah	Son	W	M	13									Ky	Ky	Ky

Hunt,	James S.	66	Va
	Mattie	53	Ky
	Louis	26	Ky
	Lindsey L.	22	
	George	19	
	Kenis	16	
	Victoria	9	
Sil-L Hum.	Katie	40	

1880 Martin Co.
Ky

(Lawrence Co. VS:Phebe Chaffin, b 13 March 1860, to Jane Horn and Thomas Chaffin.)

236. SPEARS
George W. 23
Susannah 18

(George W. Spears and Susannah Ward m 9 April 1878, Martin Co. She was the dau of Matilda Mosley and Emanuel Ward, stepdau of Jesse Crum (#115)

237. KAZEE
Oliver 28
Mary 27
James 10
Charlotte 8
John 6
Laurabelle 2
Cosby E. April '80
Elias Kazee 24 (brother)

(Oliver and Elias Kazee were brothers to #228, William Kazee, sons of Elizabeth Morris and Jeremiah Kazee. They had sisters Alice, Jane and possibly Perlina Elizabeth.)

238. CRUM
Henry 77
Elizabeth 70
Mary Horn 30 (niece)
Columbia Horn 1 (niece)

(Martin Co.: One Henery Crum m 25 Oct 1871 to Elizabeth Slown-no ages.)

239. CHAFFIN
William 30
Emily 25
Thomas 10
James 8
Jane 4
Baily 1

240. HORN
Michael 74 TN
Rena 40 VA
Lyda Hammonds 18 WV (grand-dau)
George Hammonds 12 WV (grandson)
Maryan Murphy 10 WV (stepdau.)
Moses Ball 48 VA (widower-bro-in-law)
Lydda Ball 6 KY (niece)
Pricy Ball 4 KY (niece)
Araminta Hess 16 VA (step-dau

(Michael Horn, Sr. m Cyrena Murphy, Martin Co., 29 June 1878.)

241. JARRELL
Washington 27
Pricy 20
Jerushia 1
Angeline Ball 8 (cousin)

(George Washington Jarrell and Pricy Hess m 15 Aug 1878, Martin Co.)

242. MOSELY
Jesse 24
Martha 62 (mother)
Elizabeth Muncy 34 VA (boarder
Melvin Muncy 14 (boarder
John Brewer 29 WV (boarder

243. CHAPMAN
George 55
Perlina E. 39
Naomi 17
Morgany 15
Lucian 13
Sarah 12
John M. 10
James A. 5
Alice 2
Lydda 1

(George Chapman and Perlina Elizabeth Kazee m 7 March 1860, Lawrence Co. T dau Alice may have m 2 Jan 1896, at George Chapman's to William Dingus

244. HOBBS
Michael 50
Catherine 30 WV
Virginia 20 VA
George 9
Alexander 7
William Muncy 17 WV (step-son
Sarah J. Brewer 11 WV (step-dau
William M. Crum May '80 (grandson

245. WORKMAN
Joseph 30 WV
Darthenly 20 VA
Melinda Boothe 20 (board

[2-200.]

C.

Page No. 288

Supervisor's Dist. No. 5

Enumeration Dist. No. 6 5

Note A.—The Census Year begins June 1, 1879, and ends May 31, 1880.

Note B.—All persons will be included in the Enumeration who were living on the 1st day of June, 1880. No others will. Children BORN SINCE June 1, 1880, will be OMITTED. Members of families who have DIED SINCE June 1, 1880, will be INCLUDED.

Note C.—Questions Nos. 13, 14, 22 and 23 are not to be asked in respect to persons under 10 years of age.

SCHEDULE I.—Inhabitants in Justice precinct No 1, in the County of Wash, State of Kentucky, enumerated by me on the 30th day of June, 1880.

[illegible] Enumerator.

Dwelling-houses numbered in order of visitation	Families numbered in order of visitation	The Name of every Person whose place of abode on the day of June, 1880, was in this family	Personal Description: Color	Age	Relationship of each person to the head of family	Profession, Occupation or Trade of each person, male or female	Health: Disease or disability of each person, if any	Birthplace: Place of Birth of each person, if born within the United States, or Country of Birth if of Foreign birth	Place of Birth of the father of each person, if born within the United States, or Country of Birth if of Foreign birth	Place of Birth of the mother of each person, if born within the United States, or Country of Birth if of Foreign birth
45	45	Ulrich James	w	m 53		Farmer		West Va	Va	Va
		Mary	w	f 43	wife	Keeping house		Kentucky	Ky	Ky
		Lizzie	w	f 24	daughter	Farm laborer		Kentucky	West Va	Ky
		William B.	w	m 22	son	works on farm		Kentucky	West Va	Ky
		Agrippina A.	w	m 16	son	works on farm		Kentucky	West Va	Ky
		Mary	w	f 11	daughter			Kentucky	West Va	Ky
		Arthur D.	w	m 10	son	works on farm		Kentucky	West Va	Ky
		Laura C.	w	f [illegible]	daughter			Kentucky	West Va	Ky
		[illegible]	w	f 3	daughter			Kentucky	West Va	Ky
		[illegible]	w	f 1	[illegible]			Kentucky	West Va	Ky
46	46	Hess Michael	w	m 21		Farmer		Kentucky	Ky	Ky
		Virginia	w	f 20	wife	Keeping house		Kentucky	Ky	Ky
		William	w	m 1	son			Kentucky	Ky	Ky
47	47	Hess John	w	m 24		Farmer		Kentucky	Ky	Ky
		Mary	w	f 21	wife	Keeping house		Kentucky	Ky	Ky
		Amanda	w	f 3	daughter			Kentucky	Ky	Ky
		Thomas	w	m 1	son			Kentucky	Ky	Ky
48	48	Gray John	w	m 72		Farm laborer		Ohio	Ohio	Ky
		Francis	w	f 20	wife	Keeping house		Kentucky	Ky	Ky
		Mary	w	f 1	daughter			Kentucky	Ohio	Ky
		Will Henry	w	m 7	nephew			Kentucky	Va	Va
49	49	Gregory Joseph	w	m 43		Farmer		West Va	West Va	West Va
		Mary Jane	w	f 39	wife	Keeping house		Kentucky	West Va	Ky
		Albert	w	m 3	son			Kentucky	West Va	Ky
		Louis	w	m 1	son			Kentucky	West Va	Ky
50	50	Stipp James	w	m 44		Farmer		Virginia	Virginia	Virginia
		Elizabeth	w	f 40	wife	Keeping house	[illegible]	Virginia	Virginia	Virginia
		Emily	w	f 21	daughter	Home keeper		West Va	Va	Va
		[illegible]	w	m 16	brother	works on farm		Kentucky	Ky	Ky
		[illegible]	w	f 45	daughter	Infirm [illegible]	Blind and [illegible]	Kentucky	West Va	Ky

I certify that I from this day complete the Enumeration of the District assigned me and that the returns herein are duly and faithfully made in accordance with law and my oath of office

J. H. Stipp
Commissioner

June the 30th 1880

[illegible]

[2-200.]

Page No. 11

Inquiries numbered 7, 16, and 17 are not to be asked in respect to infants. Inquiries numbered 11, 12, 13, 14, 17, 18, and 20 are to be answered (if at all) merely by an affirmative mark, as /.

SCHEDULE 1.—Inhabitants in Warden Cross Roads, in the County of Rockingham, State of Virginia, enumerated by me on the 22 day of September, 1870. 178

Post Office: Dayton

Asst Marshal.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1																			
2																			
3	65	65	Cook John	22	m	W	Farmer	300	100	Virginia								/	
4			— Martha	17	f		Keeping house			"						/			
5			— Ann M	8	m					"									
6			— Edward	1	m					"									
7	66	66	Compton C. H	12	m	W	Farmer			Virginia									
8			— Fanny		f		Keeping house			"									
9																			
10		67	Wilson Wm G	22	m	W	Farmer	200	100	Virginia						/		/	
11			— Sarah	18	f		Keeping house			"									
12			— Louisa	14	f		At school			"									
13			— Louisa	12	f		At school			"									
14			— Louisa	8	f					"									
15			— Louisa	8	f					"									
16			— Lucy	6	f					"									
17			— Mary	4	f					"									
18			— Wm	2	m					"									
19			— Lucy	1	f					"									
20																			
21	68	68	Bowers Wm	25	m	W	Farmer	1000	400	Virginia								/	
22			— Lucy	23	f		Keeping house			"									
23			— Carlin	14	m		Farm laborer			"									
24			— Elizabeth	12	f		At school			"									
25			— Jeremiah	10	f		At home			"									
26			— Lucy	8	m					"									
27			— Mary J	6	f					"									
28			— Jeremiah	4	f					"									
29			— Peter	2	m					"									
30			— Benjamin	3	m					"									
31																			
32		69	Hollenberry Wm	63	m	W	Farmer	300	50	Virginia								/	
33			— Sophia	55	f		Keeping house			"									
34			— Sarah	12	f		At school			"									
35			— Lidda	10	f		At home			"									
36			— Frederick	3	m					"									
37			— Evalin	6	m					"									
38			— Olga	4	f					"									
39			— Hilleman	2	m					"									
40		70	Ward Frederick	47	m	W	Farmer	600	300	Virginia							*	/	
41			— Hesler	43	f		Keeping house			"									
			No. of dwellings 70	No. of families 71		No. of white females 71				3100	1980	No. of farms —			1		1	5	
			" " families 68	" " colored males —		" " females —													
			" " white males 71	" " " females —		" " blind —													

HOBN, Henry, Sr	53	Ky
	33	Va
Dacey	14	
Harlin	12	
Susannah	10	
Jermionch	8	
James	6	
Mary a	4	
Arminda	2	
John	7/12	
Benjamin		

1870 Lawrence County Ky — Precinct 7

NO.	NAME	AGE	SEX	COLOR	OCCUPATION	BIRTH PLACE
33	HORN, James	46	M	W	Farmer	Kentucky
	Jane	36	F	W	Keeping House	"
	Katherine	21	F	W	W/O Occupation	"
	Fredrick	20	M	W	Farm Laborer	"
	Polley A.	19	F	W	W/O Occupation	"
	John	17	M	W	Farm Laborer	"
	Hannah	16	F	W	W/O Occupation	"
	Michel	13	M	W	At Home	"
	Frances	12	F	W	" "	"
	Ezekeul	12	M	W		"
	James	10	M	W		"
	Lyda	6	F	W		"
	Elizabeth	3	F	W		"
	Dorcus	2	F	W		"
	John	2	M	W		
34	CRUM, John	38	M	W	Farmer	Kentucky
	Frances	38	F	W	Keeping House	"
	Polly	13	F	W	At H ome	"
	Willian	80	M	W	" "	"
35	CRUM, Jessee	36	M	W	Farmer	Kentucky
	Matilda	34	F	W	Keeping House	"
	Jefferson	11	M	W	At Home	"
	John	10	M	W	" "	"
	Susan	7	F	W		"
	Harrison	3	M	W		
36	MOSLEY, Mary	36	F	W	Keeping House	Kentucky
	Sarah	14	F	W	W/O Occupation	"
	Willian	10	M	W	At Home	"
	Matilda	7	F	W		"
	Martha	6	F	W		
37	MILLS, Jesse	24	M	W	Farmer	Kentucky
	Martha	20	F	W	Keeping House	"
	Susan	4	F	W		"
	Sandford	1	M	W		
38	SMITH, Hyram	24	M	W	Farmer	Kentucky
	Marinda	17	F	W	Keeping House	"
	John H.	Apr 2/12	M	W		
39	SMITH, Jesse	22	M	W	Farmer	Kentucky
	Louisa	20	F	W	Keeping House	"
	George W.	May 1/12	M	W		
40	MILLS, Thomas	27	M	W	Farmer	Kentucky
	Katherine	22	F	W	Keeping House	"
	Willian H.	1	M	W		
41	MILLS, John	28	M	W	Farmer	Kentucky
	Sarah	27	F	W	Keeping House	"
	Mary	5	F	W		

1870 Ky. Census

Prect. #5 P.O. Prestonburg, Floyd Cty., Ky. July 28, 1870

60/60	Boyd, William	21	m w	farmer	Ky.	can"t read/ write
	" , Arminta	21	f w	keep house	"	can"t write
	" , Manterville	10/12			"	born in Aug.
	Porter, Polly A.	48	f w	House laborer	Va.	
	Horn, Amanda	28	f w	" "	Ky.	
	Porter, Columbus	17	m w	at home	"	
	" , Adaline	15	f w	" "	"	
	" , Susan	8	f w		"	
★	" , Victoria	5	f w		"	
	Horn, John	4	m w		Ky.	

1880 Ky. Census

I know in 1880, Mary Ann was married to John Colegrove and Victoria Porter was living with them when she married Thomas Johnson in Pike Cty, Ky. Mary & John married 1875-76.

1900 Ky. Census

Mt. Carmel Village 21st June, 1900 Fleming County

Colegrove, John	June 1834	65	m.24yrs.	Ky.	Ky.	Ky.
" , Mary A.	Dec. 1832	67	m.24yrs.	VA.	VA.	VA.

Mary Ann mother of 9 and 8 still alive. Mary Ann died c. 1902 or 1903.

★ Victoria America Lee Porter m. Thomas Jefferson Johnson.
MY Grandparents
Joseph Porter died c. 1868/69

Page No. 3 [illegible] Inquiries numbered 7, 10, and 17 are to be answered in respect to persons, Inquiries numbered 11, 12, 16, 19, 17, 19, and 20 are to be answered (Yes or No) merely by an affirmative mark, as ✓.

SCHEDULE 1.—Inhabitants in Precinct No 2, in the County of Grayson, State of Kentucky, enumerated by me on the 20 day of June, 1870. 526

Post Office: Prestonsburg J. P. Hold, Ass't Marshal.

Dwelling-houses numbered in the order of visitation.	Families, numbered in the order of visitation.	The name of every person whose place of abode on the first day of June, 1870, was in this family.	Age, sex, race, color, occupation, and birthplace (Description)	Value of Real Estate owned	Value of Personal Estate owned	Place of Birth, naming State or Territory of U. S.; or the Country, if of foreign birth.	Parentage: Father of foreign birth	Parentage: Mother of foreign birth	If born within the year, state month (Jan., Feb., &c.)	If married within the year, state month (Jan., Feb., &c.)	Attended school within the year	Cannot read	Cannot write	Whether deaf and dumb, blind, insane, or idiotic.	Citizenship (Fifth Amendment): Male citizens of U.S. 21 years of age and upwards	Citizenship (Fifth Amendment): Male citizens of U.S. 21 years of age and upwards, denied the right to vote, on account of race, color, or previous condition of servitude
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1	~~14~~ ~~14~~	Phebe	2	F	W				Kentucky										
2	~~14~~ ~~14~~	Calvin	1/12	M	W				"			July							
3	15 15	Wright Joel	24	M	W	Farmer	1200	200	Kentucky									1	
4		Samuel	11	M	W	At Home			"					1					
5		James	7	M	W				"										
6		William	5	M	W				"										
7		Adams Sarah	14	F	W	At Home			"						1	1			
8	16 16	Dillion Mary	20	F	W	Stone Keeper	8		Kentucky						1	1			
9		Martin	14	M	W	At Home			"					1	1	1			
10		Rachel	9	F	W				"										
11		Elizabeth	8	F	W				"										
12		George	3	M	W				"										
13		Stone Wady	20	F	W	Stone Sawyer	1		"						1	1			
14		Potts Green	17	M	W	Farm Labor	1		"						1	1			
15	17 17	Jonathan Stone	35	M	W	Farmer	1	200	600	Virginia					1	1		1	
16		Elizabeth	29	F	W	Keeping Stone			Kentucky										
17		William	12	M	W	At Home			"					1					
18		Elliott	10	M	W	At Home			"					1					
19		Julia	8	F	W				"										
20		Elizabeth	6	F	W				"										
21		Daniel	4	M	W				"			7/12							
22	18 18	Johnson John	54	M	W	Farmer	4000	600	Virginia									1	
23		Elizabeth	24	F	W	Keeper Stone			"										
24		John	23	M	W	Farm Labor	1		"									1	
25		James	22	M	W	Farm Labor	1		"									1	
26		Zachariah	20	M	W	At Stone			"					1					
27		Caroline	18	F	W	At Home			Kentucky					1					
28		Elbert	10	M	W	At Home			"					1					
29		Frances	8	F	W				"										
30		Johnson Sarah	75	F	W				N. Carolina						1	1			
31	19 19	Brooks James	24	M	W	Farmer	1	200	Kentucky									1	
32		Filmore	18	M	W	Stone Keeper			"										
33		Alvin	1	M	W				"										
34	20 20	Slaughter George	40	M	W	Farmer	1	800	120	Kentucky								1	
35		Margaret	48	F	W	Keeper Stone			"										
36		Martha	18	F	W	At Home			"						1	1			
37		Lorenzo	15	M	W	At Home			"										
38		Samuel	11	M	W	At Home			"										
39		Harris	9	M	W				"										
40		Agatha	6	F	W				"										

No. of dwellings, [illegible] No. of white females, [illegible] No. of males [illegible] years of age [illegible]
" families, [illegible] " " colored males, [illegible] " " " [illegible]
" white males, [illegible] " " " females, [illegible] " " " [illegible]

1870 Lawrence County Ky — precinct 8

		James	2	M	W		"
		Liddie M.	Nov 8/12	F	W		
72	WILLIAMSON,	Asa	24	M	W	Farmer	Kentucky
		Elizabeth	21	F	W	Keeping House	"
		George W.	3	M	W		"
		Cena B.	1	F	W		"
74	WILLIAMSON,	Sarah	48	F	W	Keeping House	Virginia
		Joseph	22	M	W	Farm Laborer	Kentucky
		Abeshia	20	M	W	Farm Laborer	"
		Mary J.	14	F	W	W/O Occupation	"
75	WILLIAMSON,	Jasper	27	M	W	Farmer	Kentucky
		Naoma	26	F	W	Keeping House	Virginia
		Marion	6	M	W		Kentucky
		Melvin	4	M	W		"
		Sarah	3	F	W		"
		Isabel	1	F	W		"
76	ROWINS,	Alexander	33	M	W	Farmer	Kentucky
		Phebe	32	F	W	Keeping House	"
77	HORN,	Michal	67	M	W	Farmer	Tennessee
		Susan	53	F	W	Keeping House	Kentucky
		Margaret	36	F	W	W/O Occupation	"
		Mary	22	F	W	" " "	"
		Elizabeth	20	F	W	" " "	"
		Anthony	18	M	W	Farm Laborer	"
		William	16	M	W	" "	"
		Susan	14	F	W	W/O Occupation	"
		Williason	5	M	W		"
		Henry	2	M	W		"
78	CHAPINS,	Thomas	50	M	W	Farmer	Virginia
		Jane	51	F	W	Keeping House	Maryland
		James	24	M	W	Farm Laborer	Kentucky
		Elizabeth	22	F	W	W/O Occupation	"
		Mary	18	F	W	" " "	"
		Nancy	16	F	W	" " "	"

Page No. 10

Inquiries numbered 7, 16, and 17 are not to be asked in respect to infants. Inquiries numbered 11, 12, 13, 14, 17, 18, and 20 are to be answered (if at all) merely by an affirmative mark, as /.

SCHEDULE 1.—Inhabitants in Precinct No 7, in the County of Lawrence, State of Kentucky, enumerated by me on the 13 day of July, 1870.

N. J. Prichett, Ast Marshal.

Post Office: Louisa Ky

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
		Coffey Byrons	3	M	W				Va										
		Willy	1	M	W				Va										
56	56	Faulkner James	33	M	W	Farmer	500	800	Va									1	
		Barbary	30	F	W	Keeping House			Va										
		William H	6	M	W				Va										
		John H	4	M	W				Va										
		Francis	2	F	W				Va										
		James C	3/12	M	W				Ky			Sch							
		Polly M	3/12	F	W				Ky			Sch							
57	57	Hammond James	22	M	W	Farmer		150	Va							1	1	1	
		Caroline	22	F	W	Keeping House			Va							1	1		
		Ann	2	M	W				Va										
58	58	Williams John H	47	M	W	Farmer		250	Ky									1	
		Jefferson D	19	M	W	Farm Laborer			Ky										
		George B	16	M	W	Farm Laborer			Ky										
		John B	21	M	W				Ky										
59	59	Maynard Mark	45	M	W	Farmer	300	250	Ky									1	
		Lucy	44	F	W	Keeping House			Ky							1	1		
		Phoebe	19	M	W	Farm Laborer			Ky							1	1		
		John H	17	M	W	" "			Ky							1	1		
		Mahulda	15	F	W	At Home or school			Ky							1	1		
		Nancy	12	F	W	At Home			Ky										
		Mark	6	M	W				Ky										
		Samuel	2	M	W				Ky										
60	60	Farrell James	53	M	W	Farmer	500	200	Ky							1	1	1	
		Lucinda	50	F	W	Keeping House			Ky							1	1		
		Rhoda	18	F	W	At Home or school			Ky							1	1		
		Polly	14	F	W	" "			Ky							1	1		
		Mamma	13	F	W	" "			Ky							1	1		
		Elizabeth	11	F	W	At Home			Ky							1	1		
61	61	Farrell George	23	M	W	Farmer		120	Ky								1	1	
		Caithine	24	F	W	Keeping House			Ky							1	1		
		William	21	M	W				Ky										
		Lane	7/12	M	W				Ky			Sch							
62	62	Farrell Martha	54	F	W	Keeping House	200	100	Ky							1	1		
		George W	19	M	W	Farm Laborer			Ky								1		
		Hamilton	17	M	W	" "			Ky							1	1		
		Nancy J	3	F	W				Ky										
63	63	Mills William	37	M	W	Farmer		300	Ky							1	1		1
		Jane	31	F	W	Keeping House			Ky							1	1		
		No. of buildings 8 — No. of families 15 — No. of males 22 — No. of females 8 — No. of white males 22 — No. of white females — No. of colored males — No. of colored females — No. of blind —					1500	9225	No. of farms —	0	0	3				11	12	1	0

1870 Wayne County WV —

117-113 (1850, 1860 with parents; 1880 WC)

Pratt,Sam'l	24	Va far s/o John & Mary (Porter) Pratt
Elizabeth	24	Va hk d/o Josiah & Malinda (Workman) Perry - 3 Dec.,1868 WC
George H.	8m	WV b November milker

(Children: Joseph, Millard, Tilden, America - 1880 Census)

118-114 (1880 WC)

Baker,Samuel	29	Va far
Winnie/Minnie	28	Va hk
Linsey	2	WV
Nathaniel	1	WV

(Children: Mary, Elizabeth, William, John H. - 1880 Census)

119-115 (1850 Logan, 1860, 1880 WC)

Porter,Alexander	29	Va far s/o William & Mary Porter
Elizabeth (J.)	22	Va hk d/o Samuel & Malinda (Whitten) Jarrell - 19 Nov., 1868 WC
Mary E.	6m	WV b November

(Children: Malinda, Inez, Georgia, male infant - 1880 Census)

120-116 (1880 WC)

Damron,William	33	Va far
Elizabeth	45	Va hk
John S.	15	Va dom
Nancy	12	Va dom m) Lace s/o Stephen Marcum
Baker,Morgan	21	Va far
Walker,Elizabeth	7	Va d/o Hal & Susan (Baker) Walker

121-117 (1860 with parents; 1880 WC)

Jarrell,Jesse	25	Va far s/o Samuel & Malinda (White/Whitten) Jarrell
Sarah	22	Va hk d/o Josiah & Malinda (Marcum/Workman) Perry
Tennessee	6m	Va b January

(Children: Wayne, Millard F., George T. - 1880 Census)

122-118 (1880 WC)

Damron,John	43	Va far
Elizabeth	39	Va hk
Stephen	17	Va dom ser
Marion	16	Va dom ser
James M.	14	Va dom ser
Rebecca A.	11	Va dom ser
Nancy J.	8	Va dom ser
Bethany	6	WV
John	4	WV

(Children: Rhoda, Anderson - 1880 Census)

123-119 (1850, 1860, 1880 WC)

Jarrell,Sam'l	45	Va far s/o Lazarus Damron & Jane Jarrell
Malinda	49	Va hk d/o Harrison Whitten (Obit says maiden name White - Nov.,1893)
John	20	Va dom ser m) M.J. d/o J.M. & E. Marcum - 14 Feb.,1878 WC
William	18	Va dom ser
Martin (V.)	16	Va dom ser m) Ida _____ - 1880 WC Census
Harrison	14	Va dom ser
James (W.)	12	Va m) Belle d/o Josephine Welch - 8 Sep.,1888 WC
Aaron	9	Va
Columbus	7	WV
Nancy E.	4	WV

(Children: Jesse W., Elizabeth J. - 1860 Census)

124-120 (1850, 1860 WC)

Marcum,Stephen S.	59	Va far s/o William & Lydia (Sutherland) Marcum

1860

Page No. 20

SCHEDULE 1.—Free Inhabitants in _____ **in the County of** Floyd **State of** Kentucky **enumerated by me, on the** 28th **day of** June **1860.** J. M. Burns **Ass't Marshal.**

Post Office Prestonsburg.

Dwelling-houses—numbered in the order of visitation.	Families numbered in the order of visitation.	The name of every person whose usual place of abode on the first day of June, 1860, was in this family.	Description. Age.	Sex.	Color, white, black, or mulatto.	Profession, Occupation, or Trade of each person, male and female, over 15 years of age.	Value of Estate Owned. Value of Real Estate.	Value of Personal Estate.	Place of Birth, Naming the State, Territory, or Country.	Married within the year.	Attended School within the year.	Whether deaf and dumb, blind, insane, idiotic, pauper, or convict.		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	
135	135	Lazarus Hammond	31	M		Farmer	100	257	Ky			✓		1
		Sarah	32	F		Spinster			"		✓			2
		Miriam	14	M					"		✓			3
		William	10	M					"		✓			4
		Orta	12	F					"					5
		Martha	2	F					"					6
136	136	Joel Crisp	60	M		Farmer	800	760	Va	3	3	✓		7
		Elizabeth	53	F		Home Keeper			Va			✓		8
		James	20	M		Farmer		75	Ky			✓		9
		Sarah	18	F		Seamstress			"					10
		Newton	8	M					"					11
137	137	John Barnett	24	M		Farmer		85	"					12
		Melinda	17	F		Seamstress			"					13
138	138	George Wilson	28	M		Farmer	300	200	"					14
		Polly	16	F		Seamstress			"					15
		Henry B	11	M					"		✓			16
		Wm J	11	M					"		✓			17
		Martin	4	M					"					18
		Rosanah Horn	45	F		Seamstress		25	"					19
		Catharine	22	F		"		25	"					20
139	139	William Hall	38	M		Farmer	150	65	Va					21
		Prudence	29	F		Seamstress			"					22
		Catharine	14	F					Ky					23
		Lillian M	13	M					"					24
		Robt D	11	M					"					25
		John R	11	M					"					26
		Commodore	7	M					"					27
		Cynthia	5	F					"					28
		Buchanan	3	M					"					29
		Mary E	1	F					"					30
140	140	Elisha Dixon	37	M		Farmer	200	200	Va					31
		Frances	32	F		Seamstress			Ky			✓		32
		Joel	13	M					"			✓		33
		James	12	M					"			✓		34
		Ruth	11	M					"			✓		35
		Frances	8	F					"					36
		Susan	7	F					"					37
		Tilitha	5	F					"					38
		George	3	M					"					39
														40

39

No. white males, 22. No. colored males, ____. No. foreign born, ____. No. blind, ____.
No. white females, 17. No. colored females, ____. No. deaf and dumb, ____. No. insane, ____.

1,557 1,625

No. idiotic, ____. No. paupers, ____. No. convicts, ____.

1860

SCHEDULE 1.—Free Inhabitants in _____ in the County of Rockbridge State of Virginia enumerated by me, on the 2d day of August 1860. Sarah Bowles Ass't Marshal.

Post Office Centerville.

Dwelling-houses numbered in the order of visitation	Families numbered in the order of visitation	The name of every person whose usual place of abode on the first day of June, 1860, was in this family.	Age	Sex	Color (white, black, or mulatto)	Profession, Occupation, or Trade of each person, male and female, over 15 years of age.	Value of Real Estate	Value of Personal Estate	Place of Birth, Naming the State, Territory, or Country.	Married within the year.	Attended School within the year.	Persons over 20 yrs of age who can read & write.	Whether deaf and dumb, blind, insane, idiotic, pauper, or convict.
1	2	3	4	5	6	7	8	9	10	11	12	13	14
		Noah	5	m									
373	373	Jacob Churchill	76	m	1	Farmer 1	75	47	N.C.			1	
		Caroline	55	f	1	House Keeper			Tenn.			1	
		George	16	m		Farmer 1			Va.				
		Margaret	14	f									
374	374	Henry Hood	23	m		Farmer 1		20		1		1	
		Milly	18	f		House Keeper				1			
375	375	Thomas Churchill	29	m		Farmer 1		1121				1	
		Margaret	27	f								1	
		Nicky	5	f									
		Lucinda	3	f									
		George	1	m									
		Nancy	4/12	f									
376	376	Henry Hood	45	m	1	Farmer 1		50	Ky.			1	
		Diana	29	f		House Keeper			Va.			1	
		Alpheus	18	m		Farmer 1							
		Blackland	3	m									
		Susan	2	f									
		Infant unnamed	1/12	f									
377	377	William Ward	63	m		Farmer 1	4000	6811					
		Martha D.	57	f		House Keeper						1	
		Martha	25	f									
		Mary	22	f									
		George	21	m		Farmer 1							
		Lydia	19	f									
		John	14	m									
		George Ritter	48	m		Laborer 1							
		Elizabeth Ritter	33	f		House Keeper							
		John Hay	17	m		Laborer 1							
378	378	George Hooks	30	m		Farmer 1		721				1	
		Lydia J.	30	f								1	
		John	6	m									
		Eli	4	m									
		Lawrence	2	m									
379	379	William Ward	32	m		Farmer 1		68				1	
		Mary	28	f								1	
		Martha	7	f									
		Jane	5	m									
		John M.	1	m									
400	400	Hamond Smoller	34	m		Farmer 1	150	127				1	

No. white males, 2[illegible] No. colored males, ____ No. foreign born, ____ No. blind, ____ No. idiots, ____ No. convicts, ____

No. white females, 18[illegible] No. colored females, ____ No. deaf and dumb, ____ No. insane, ____ 4225 6897 No. paupers, ____

1850 Floyd County Ky

111 Alexander	10	m VA
John	7	m KY
Charlotte	4	f KY
Barney	2	m KY
112 WATSON, Jonathan	45	m VA
Elizabeth	30	f KY
Alexander	21	m
Henry	18	m
Arminda	16	f
Mary J.	12	f
Lorenzo Dow	10	m
William L.	6	m
Rachael	5	f
George W.	4	m
Katherine	3	f
Carrell	1	m
113 SPEARS, William	30	m KY
Rosanna	29	f
Charlotte	8	f
Rebecca	6	f
Andrew	4	m
James M.	1	m
114 WOODS, Delila	30	f VA
Alexander	14	m VA
Mary J.	12	f KY
Nancy A.	10	f
Henry M.	8	m
John W.	6	m
Susan C.	4	f
William J.	2	m
BOYD, William	70	m KY
Nancy	80	f KY
115 WOODS, Alexander	40	m VA
Susan	41	f VA
James	15	m VA
Mary	13	f VA
Nathan	11	m VA
Nancy	9	f VA
Lucinda	8	f VA
Sarah	6	f VA
Elizabeth	5	f VA
Emeline	4	f VA
116 CECIL, Thomas	60	m VA
Jane	60	f Va
Katherine	33	f VA
Margaret	30	f VA
Sarah A.	27	f VA
Susan E.	26	f VA
Elizabeth	21	f VA
Zachariah	18	m VA
117 BOYD, John	32	m VA
Nancy	31	f VA
William	14	m Va
Madison	10	m KY
Harvy	7	m
John	5	m
Julia A.	4	f
Andrew	3	m
Barton	1	m
WOODS, Fanny	20	f VA
Louisa	1	f KY
118 CECIL, William	37	m VA
Lucy	36	f KY
Alexander	13	m KY
JARRELL, Hiram	19	m KY
119 JARRELL, Elizabeth	38	f KY
Mary J.	14	f VA
Parks	10	m KY
120 JARRELL, Lucy	38	f KY
Frances	18	F
Nancy	16	f
Henry C.	15	m
Elizabeth	12	f
121 DILLION, George	21	m KY
Dianna	18	f
Ruel	6/12	m
DILLION, Rosanna	40	f
Mary	17	f
Katherine	15	f
Susan	13	f
122 JARRELL, Ruel	44	m VA
Nancy	50	f NC
Alexander	18	m KY
Martin	15	m
JARRELL, Sarah	80	f NC
123 CONN, Ira	25	m KY
Eleanor	30	f
Jesse	11	m
William J.	9	m
John	5	m
Sylvester	4	m
Hiram	2	m
Andrew	9/12	m
124 CONN, William	23	m KY
Sarah	22	f
Mary C.	2	f
Rosanna	5/12	f

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1860 Lawrence County Ky

NO	NAME	AGE	SEX	COLOR	OCCUPATION	BIRTH PLACE
1133	John BOWEN	53	M	W	Farmer	Kentucky
	Elizabeth	49	F	W	House Wife	"
	Lucinda	20	F	W	House Servant	Virginia
	Asa	18	M	W	Farm Hand	Kentucky
	Nathan	17	M	W	" "	"
	Oliver	16	M	W	" "	"
	Percilla	14	F	W		"
	Lewis	11	M	W		"
1134	Sarah WILLIAMSON	38	F	W	Widow Farmer	Virginia
	Jasper	19	M	W	Farm Hand	Kentucky
	Asa	16	M	W	" "	"
	Joel	14	M	W		"
	Abish	10	M	W		"
	Mary J.	4	F	W		"
1135	Amos WILLIAMS	21	M	W	Farmer	Kentucky
	Hannah	21	F	W	Wife	Ohio
1136	James D. COPLEY	41	M	W	Farmer	Kentucky
	Margaret	39	F	W	Wife	Virginia
	Stanley	16	M	W	Farm Hand	"
	Mary A.	13	F	W		"
	James	11	M	W		"
	Oliver	9	M	W		"
	Alifar	7	F	W		"
	Henry	5	M	W		"
	Sarah S.	3	F	W		"
	Cristopher	1	M	W		"
1137	Thos CHAFIN	40	M	W	Farmer	Virginia
Horn –	Jane	41	F	W	House Wife	Indiana
	Michael	20	M	W	Farm Hand	Virginia
	Catherine	18	F	W	House Servant	"
	James	16	M	W	Farm Hand	Kentucky
	Sarah	14	F	W		"
	Elizabeth	12	F	W		"
	William	10	M	W		"
	Mary	8	F	W		"
	Nancy	6	F	W		"
	Phebe	1	F	W		"
1138	James HORN	30	M	W	Farmer	Kentucky
	Jane	30	F	W	Wife	"
	Katherine	12	F	W		"
	Fredarick	11	M	W		"
	Mary A.	8	F	W		"
	John	7	M	W		"
	Hanah	4	F	W		"
	Michael	3	M	W		"
	Francis	1/2	F	W		"
1139	Michael HORN	55	M	W	Farmer	Tennessee
Crum	Susanah	39	F	W	House Wife	Kentucky

NO	NAM
1139	(Co
	Kat
	Mar
	Eli
	Ant
	Wil
	Mic
1140	Dav
	Vin
	Lyd
	Eli
	Han
	Mary
	Mart
1141	Davi
	Sara
	Mary
	Elij
	Jame
	Mary
1142	James
	Mary
	Sarah
	Vica
	Willi
	Lydia
1143	John
	Sarah
	Wm
	Georg
	Pauli
1144	Sarah
	Levy
	Haney
	James
1145	Alexan
	Sarah
1146	John H
	Margar
	Michae
	Susann
	Hannah
	Aramint
	Fredric
1147	Harrise
	Dorkas

NO	NAME	AGE	SEX	COLOR	OCCUPATION	BIRTH PLACE
1139	(Continued)Fredarick HORN	22	M	W		Kentucky
	Katherine	16	F	W	House Servant	"
	Mary	10	F	W		"
	Elizabeth	8	F	W		"
	Anthony	7	M	W		"
	William	5	M	W		"
	Michael	3	M	W		"
1140	David JAMES	34	M	W	Farmer	Kentucky
	Vina	32	F	W	House Wife	"
	Lydia	6	F	W		"
	Elizabeth	4	F	W		"
	Hannah	2	F	W		"
	Mary	2	F	W		"
	Martha	1/2	F	W		"
1141	David ALDRIDGE	60	M	W	Farmer	Virginia
	Sarah	60	F	W	House Wife	"
	Mary	17	F	W	House Servant	"
	Elija	14	M	W		"
	James	11	M	W		"
	Mary A.	8	F	W		"
1142	James A. ALDRIDGE	32	M	W	Farmer	Virginia
	Mary	22	F	W	Wife	Kentucky
	Sarah	6	F	W		Virginia
	Vica	4	F	W		Kentucky
	William	2	M	W		"
	Lydia	1/2	F	W		"
1143	John CHAPMAN	70	M	W	Farmer	Kentucky
	Sarah	65	F	W	Wife	"
	Wm	44	M	W	Farm Hand	"
	George	35	M	W	" "	"
	Pauline	22	F	W	House Servant	"
1144	Sarah MUNCEY	39	F	W	Widow	Kentucky
	Levy	52	M	W	Farm Hand	"
	Haney	18	F	W	House Servant	"
	James	15	M	W		"
1145	Alexander MOSELY	21	M	W	Farmer	Kentucky
	Sarah	22	F	W	House Wife	"
1146	John HOBBS	30	M	W	Farmer	Virginia
	Margaret	24	F	W	House Wife	Kentucky
	Michael	10	M	W		"
	Susannah	8	F	W		"
	Hannah	6	F	W		"
	Araminta	5	F	W		"
	Fredrick	1	M	W		"
1147	Harrison JARRELL	42	M	W	Farmer	Kentucky
	Dorkas	40	F	W	House Wife	Virginia

Meyhard

NO	NAME	AGE	SEX	COLOR	OCCUPATION	BIRTH PLACE
1147	(Continued)Jane JARRELL	20	F	W	House Servant	Virginia
	George	18	M	W	Farm Hand	"
	Katherine	16	F	W		"
	Rhoda	14	F	W		"
	Mary	12	F	W		"
	Polly	10	F	W		"
	Manerva	5	F	W		"
	Elizabeth	3	F	W		
1148	John CRUM	29	M	W	Manager Of farm	Kentucky
	Frances	29	F	W	House Wife	"
1149	Jesse CRUM	27	M	W	Farmer	Kentucky
	Martha	23	F	W	House Wife	"
	Wm R.	2	M	W		"
	John	1/2	M	W		
1150	William MILLS	27	M	W	Manager of farm	Kentucky
	Panelope	30	F	W	House Wife	Virginia
	Ann C.	16	F	W	House Servant	"
	William COPIEY	9	M	W		"
	John MILLS	7	M	W		"
	Martin MILLS	5	M	W		
1151	Martha MILLS	40	F	W	Manager of farm	Kentucky
	John	20	M	W	Farm Hand	"
	George W.	18	M	W	" "	"
	Jesse W.	15	M	W	" "	"
	Amanda	14	F	W		
1152	Martha MOSELY	46	F	W	Widow	Kentucky
	John	10	M	W		"
	Sarah	8	F	W		"
	Jesse	6	M	W		
1153	John MILLS	54	M	W	Farmer	North Carolina
	Elizabeth	40	F	W	Wife	Virginia
	Thomas	18	M	W	Farm Hand	Kentucky
	Julia A. COPIEY	?	F	W	House Servant	"
	Wm MILLS	14	M	W		"
	James	12	M	W		"
	Randolph	10	M	W		"
	Emily	8	F	W		"
	Mary E.	5	F	W		
1154	George W. BERNARD	26	M	W	Farmer	Kentucky
	Elizabeth	28	F	W	Wife	"
	Mary A.	7	F	W		"
	Amanda	4	F	W		
1155	Hiram JARRELL	40	M	W	Manager of farm	Kentucky
	Cintha	35	F	W	House Wife	"
	Wm	22	M	W	Farm Hand	"
	Pardence	22	F	W	House Servant	

1155 (C
Ma
Wa
Ha

1156 Ja
Ma
Pri
Mi
Ald
Mar
Jam

1157 Aar
Mar
Mil
Eli
Ann
Nanc
Sara
East
Laba

1158 Jame
mine
Samp
Rebe
Cain
Susa
Mary

1159 Charl
Silas
Rache

1160 Franc
Nancy
Mary
Ranso
Willi
Samuel
Harmo

1161 Franc
Easter
John
Amy
Lee
Wm
Lucind

1162 Wm HAM
Elizabe
Evalin

	Washington	9	M	W		"
	Harrison	6	M	W		"
1156	James WILLIAMSON	45	M	W	Farmer	Kentucky
	Mary	40	F	W	House Wife	"
	Prica	23	F	W	House Servant	"
	Miranda	14	F	W		"
	Aldin	13	M	W		"
	Mary	12	F	W		"
	James	10	M	W		"
1157	Aaron FLUTY	23	M	W	Farmer	Kentucky
	Mary A.	25	F	W	Wife	"
	Millo	17	F	W		"
	Elizabeth	14	F	W		"
	Ann	12	F	W		"
	Nancy	8	F	W		"
	Sarah	6	F	W		"
	Easter	4	F	W		"
	Laban M.	1/2	M	W		"
1158	James BAISDEN	35	M	W	Manager of farm	Virginia
	minerva	30	F	W	Wife	"
	Sampson	16	M	W	Farm Hand	Kentucky
	Rebecca	12	F	W		"
	Cain	10	M	W		"
	Susannah	3	F	W		"
	Mary	1/4	F	W		"
1159	Charles WATTS	23	M	W	Farmer	Virginia
	Silas BALL	30	M	W	Farmer	"
	Rachel BALL	16	F	W	House Wife	"
1160	Francos FLUTY	60	M	W	Farmer	Kentucky
	Nancy	18	F	W	House Wife	"
	Mary MARCUM	24	F	W	House Servant	"
	Ransom MARCUM	3	M	W		"
	William JARRELL	3	M	W		"
	Samuel MARCUM	2	M	W		"
	Harmon FLUTY	1	M	W		"
1161	Francos FLUTY Jr.	35	M	W	Farmer	Kentucky
	Easter	27	F	W	House Wife	"
	John	13	M	W		"
	Amy	10	F	W		"
	Lee	8	M	W		"
	Wm	6	M	W		"
	Lucinda	3	F	W		"
1162	Wm HAMMONDS	40	M	W	Farmer	Virginia
	Elizabeth	28	F	W	House Wife	Kentucky
	Evaline	10	F	W		"

1860 Lawrence County Ky — Precinct 8

NO.	NAME	AGE	SEX	COLOR	OCCUPATION	BIRTH PLACE
19	MUNCEY, Willian	21	M	W	Farmer	Virginia
	Aney	24	F	W	Keeping House	Kentucky
	James H.	1	M	W		"
	Willian M.	May 1/12	M	W		"
20	MUNCEY, James	52	M	W	Farmer	Kentucky
	Matilda	40	F	W	Keeping House	Virginia
	Lillie J.	19	F	W	W/O Occupation	"
	Thomas	17	M	W	Farm Laborer	"
	James	15	M	W	Farm Laborer	Kentucky
	Nancy	13	F	W	W/O Occupation	"
	Harvey	9	M	W		"
	Sampson	5	M	W		"
	Noah L.	2	M	W		"
21	KIRK, Thomas	33	M	W	Farmer	Kentucky
	Martha A.	23	F	W	Keeping House	"
	Mary A.	5	F	W		"
	Nancy	3	F	W		"
	Richard	2	M	W		"
	Margaret	13	F	W	W/O Occupation	"
22	KIRK, Henderson	28	M	W	Farmer	Kentucky
	Adeline	18	F	W	Keeping House	"
	Rachel	Apr 1/12	F	W		"
23	DEMPSEY Joseph	35	M	W	Farmer	Virginia
	Nancy E.	24	F	W	Keeping House	North Carolina
24	STEP, Moses	56	M	W	Farmer	Virginia
	Sarah	32	F	W	Keeping House	Kentucky
	Mary J.	9	F	W		"
	Elizabeth	7	F	W		"
	James	2	M	W		"
26	STAFFORD, John F.	25	M	W	Farmer	Kentucky
	Palina	18	F	W	Keeping House	"
	Octava	1	F	W		"
27	PARCELEY, Samuel	32	M	W	Farmer	Virginia
	mary	30	F	W	Keeping House	"
	Moses	10	M	W	At Home	Kentucky
	Susan	8	F	W		"
	Sarah	6	F	W		"
	David	1	M	W		"
28	HOBBS, Michal	35	M	W	Farmer	Virginia
	Eliza	32	F	W	Keeping House	"
	Willian	14	M	W	Farm Laborer	"
	Dorthula	12	F	W	W/O Occupation	"
	Michal	9	M	W		"
	Jane	7	F	W		"
	Hanah	5	F	W		"
	John	3	M	W		Kentucky
	George	Jan 7/12	M	W		"

1860 Census
Pike Co, Ky.

476	Jermiah Scalf	30	M	Farmer	500	250	Ky.	
	Sarah "	28	F				Va.	No
	James B. "	13	M				Va.	S
	Cynthia I. "	12	F				Ky.	S
	William "	10	M				Ky.	S
	Nancy I. "	8	F				"	S
	Mary "	6	F				"	
	Lissy "	4	F				"	
	Henry "	1	M				"	
477	James Elkins	56	M	Farm Laborer		60	Va.	No
	Barbary "	26	F				Ky.	No
	Bessada "	8	F				"	
	Robert R. "	6	M				"	
	Thos. W. "	5	M				"	
	David R. "	3	M				"	
	Nancy A. "	24	F				Va.	No
478	Fletcher Elkins	33	M			200	Va.	
	Elizabeth "	28	F				Va.	No
	Araminta I. "	12	F				Ky.	S
479	Barry Scott	41	M	Farmer	1200	800	Ky.	No
	Matilda "	41	F				Va.	No
	Wm. "	20	M				Ky.	S
	Mary I. "	17	F				"	S
	John E. "	14	M				"	S
	Elizabeth "	10	F				"	S
	A. I. "	8	M				"	S
	Susan C. "	6	F				"	
	D. M. "	6	M				"	
	Christopher C. "	5/12	M				"	
	Elijah McCoy	23	M	Farm Laborer		150	Ky.	No
480	Samuel Burris	53	M	Carpenter			Va.	
	Locky "	30	F				Ky.	No
	Williams "	2	M				"	
	Lucinda E. "	1/12	F				"	
481	Wm. Justice	34	M			150	Ky.	No
	Mary A. "	40	F				"	No
	James E. "	10	M				"	S
	Polly P. "	7	F				"	
	Lucinda "	4	F				"	
	Henderson "	1	M				"	
482	Elizabeth Jackson	70	F	Farming	1000	250	Va.	
	Robert Lee Jackson	22	M	Farmer			Ky.	
483	Solomon Stratton	45	M	Farmer	2300	3000	Ky.	
	Nancy "	45	F				Va.	
	Jackson McGuire	16	M				Va.	S
	Sarah A. "	11	F				"	S
484	James Casidy	41	M	Farm Laborer			Va.	No
	Sarah "	40	F				"	No
	Easter "	7	F				Ky.	
	Nancy "	6	F				"	
	Emma "	5	F				"	
	Robert "	2	M				"	
485	John Scalf	34	M	Farm Laborer		200	Va.	No
	Clarinda "	21	F				Ky.	No
	Solomon "	3	M				"	
	John C. B. "	1	M				"	
486	Joseph Porter	44	M	Farmer		50	Va.	No
	Mary A. "	34	F				"	No
	Amanda E. "	18	F				"	No
	Druy "	17	M				Ky.	
	Mary I. "	15	F				"	
	Araminty E. "	11	F				"	
	Christopher C. "	7	M				"	
	Sarah A. "	4	F				"	
	Susan "	2/12	F				"	

1850 Floyd Co. KY

8	Crum, John, Jr.	35	KY
	Hannah	25	KY
	Wilson	7	KY
	Henry	6	KY
	Elijan	4	KY
	Mary	6/12	KY
	Marcus	12	KY
110	Jarrell, Thomas	52	NC
	Sarah	37	VA
	Morgan	18	KY
	Lewis	11	KY
	Mary	9	KY
	Esther	7	VA
	Louisa	5	KY
	Sarah	3	KY
118	Jarrell, Hiram	19	KY
	with William Cecil	37	VA
119	Jarrell, Elizabeth	[illegible]	VA
	Mary J.	14	KY
	Parks	10	KY
120	Jarrell, Lucy	[illegible]	KY
	Frances	18	KY
	Nancy	16	KY
	Henry C.	15	KY
	Elizabeth	12	KY
122	Jarrell, Ruel	44	VA
	(Conn) Nancy	50	NC
	Alexander	18	KY
	Martin	15	KY
	Sarah	30	NC
125	Crum, Susan	31	KY
	Elizabeth	11	KY
	Sylvester	3	KY
	Adam	8/12	KY
126	Crum, Michael	56	TENN
	Vetie	56	NC
	Mary	22	KY
	Michael	17	KY
128	Crum, Henry	33	KY
	Katherine	28	KY
	Mary T.	6	KY
	Minerva	4	KY
	Henry W.	3	KY

534	Bevins, Joseph	30	VA
	Nancy	26	VA
	Elizabeth	9	KY
	Margaret	8	KY
	Susan	4	KY
	James	1	KY
751	Jarrell, Hiram	39	VA
	Lucinda	32	VA
	Cynthia	16	KY
	William	14	KY
	Nancy	11	KY
	John	9	KY
	Rhoda	5	KY
	Mary	3	KY
	George	5/12	[illegible]
778	Stacy, Elizabeth	55	?
	Simon	20	KY
	Patsy	16	KY

1850 Lawrence County KY

	Polly Muncy	13	F				
	Louisa "	11	F			Ky.	987
	Nancy "	9	F			"	
	Lydia "	7	F	m Jesse Breughton		"	
	James "	5	M			"	
981	William Stafford	33	M	Farmer	300	"	988
	Fanny "	29	F			Ky.	
	Sarah "	14	F			"	
	John "	13	M			"	
	Thomas "	11	M			"	989
	Jefferson "	2	M			"	
	Julia "	8	F			"	
	William "	2	M			"	
	Lydia "	7	F			Va.	990
	Richard "	7/12	M			Ky.	
982	John Bowen	43	M	Farmer		"	
	Elizabeth Bowen	38	F			Ky.	
	James W. "	16	M	Farming		"	
	Polly "	15	F			"	
	Sally "	14	F			"	
	John R. "	13	M			"	
	Lucinda "	11	F			"	
	Asa "	9	M			"	
	Mason "	7	M			"	991
	Oliver "	6	M			"	
	Percival "	3	M			"	
	Lewis "	1	M			"	
983	Shadrack Williamson	30	M	Farmer	800	Ky.	
	Sarah Ann "	28	F			"	
	Amos "	10	M			"	
	Jasper "	8	M			"	
	Asa "	4	M			"	
	Joseph "	3	M			"	992
	Abasha "	1/12	M			"	
	JACOB MESSER	65	M	Com Laborer		So.Car.,	
984	James Chapman	29	M	Farmer	500	Ky.	
	Polly "	23	F			Va.	
	John "	3	M			Ky.	
	Melvina "	1	F			"	
985	Thomas Chafin	27	M	Farmer		"	
	Jane " Horn	28	F	daw of Frederick		Ky.	
	Arch "	8	M			In.(?)	993
	Katharine "	8	F			Ky.	
	James " m Sarah Molly	5	M	(Sarah's mgh. m daw of Sarah Copley)		Va.	
	Sarah Ann " m W.D. Copley	4	F	12/8/1864		"	
	Elizabeth "	3	F			"	994
	William "	2/12	M			Ky.	
986	Frederick Crumb	52	M	Farmer		Va.	
	Naomia "	47	F			"	
	~~m Frances Jane Horn~~ WILLIAM C. SALMONS	23	M	Farming		Ky.	
	Lucinda Crumb	15	F			Va.	
	Frederick "	11	M			"	

Willy B. m 1875 Lucinda Fuch Johnson

Horn —

Jr & Jefferson Sen

SCHEDULE I. Free Inhabitants in My District in the County of Floyd State of Kentucky enumerated by me, on the 15th day of August 1850. David Cooley Ass't Marshal.

Dwelling-houses numbered in the order of visitation.	Families numbered in the order of visitation.	The Name of every Person whose usual place of abode on the first day of June, 1850, was in this family.	Age	Sex	Color (black, or mulatto)	Profession, Occupation, or Trade of each Male Person over 15 years of age.	Value of Real Estate owned.	Place of Birth. Naming the State, Territory, or Country.	Married within the Census year.	Attended School within the year.	Persons over 20 yrs. of age who cannot read and write.	Whether deaf and dumb, blind, insane, idiotic, pauper, or convict.
		Hiram Jarrell	19	M		Farmer		Ky		(1)		
114	114	Elizabeth Jarrell	38	F				Va			(1)	
		Mary J Jarrell	14	F				Ky				
		Jackson Jarrell	10	M				Ky				
120	120	Lucy Jarrell	38	F			600	Ky				
		Francis Jarrell	18	F				Ky		(1)		
		Nancy Jarrell	16	F				Ky		(1)		
		Henry C Jarrell	15	M		none		Ky		(1)		
		Elizabeth Jarrell	12	F				Ky		(1)		
121	121	George Dillion	21	M		none		Ky				
		Christina Dillion	18	F				Ky				
		Noel Dillion	8	M				Ky				
		Rosanna Dillion	10	F				Ky		(1)		
		Mary Dillion	17	F				Ky				
		Catharine Dillion	15	F				Ky				
		Susan Dillion	13	F				Ky				
122	122	Noel Jarrell	44	M		Farmer	500	Va				
		Nancy Jarrell	50	F				N Carolina		(1)		
		Alexander Jarrell	18	M		none		Ky				
		Martin Jarrell	15	M		none		Ky				
		Sarah Jarrell	20	F				N Carolina		(1)		
123	123	Isa Conn	25	M		none		Ky				
		Eleanor Conn	20	F				Ky		(1)		
		Jesse Conn	11	M				Ky				
		Wm J Conn	9	M				Ky				
		John Conn	5	M				Ky				
		Sylvester Conn	4	M				Ky				
		Hiram Conn	2	M				Ky				
		Andrew Conn	7/12	M				Ky				
124	124	William Conn	23	M				Ky		(1)		
		Sarah Conn	22	F				Ky		(1)		
		Mary C Conn	2	F				Ky				
		Roshanna Conn	5/12	F				Ky				
125	125	Susan Conn	31	F				Ky				
		Elizabeth Conn	11	F				Ky				
		Sylvester Conn	3	M				Ky				
		Adam Conn	2/12	M				Ky				
126	126	Michael Conn	56	M		Farmer	600	Tennessee				
		Vastia Conn	56	F				N Carolina		(1)		
		Mary Conn	20	F				Ky				
		Michael Conn	17	M		Farmer		Ky				

20 m
21 f

1850 Floyd Co Ky — Ford District

124	Handshew, Andrew		14	
	Sarah		12	
	Martha		10	
	Daniel		8	
	Margaret		5	
	Tandy		2	
	Duncan, Jas. H.		22	Va.
125	Duncan, John		45	Va.
	Sarah		40	Va.
	Joseph		16	Va.
	John D.		14	Va.
	William T.		12	Va.
	Mary E.		9	Va.
	Thomas		6	Va.
	Charles		3	Va.
126	Price, Isaac		25	Va.
	Delitha		18	Va.
127	Stinson, Zach		45	Tenn.
	Milly A.		35	Ky.
	James H.		14	
	Sarah A.		12	
	Alice		10	
	Elizabeth		8	
	Margaritte		6	
	Hariette		2	
128	Tussy, William		22	
	Kate		20	
	Mary J.		2	
	Candace V.	M	9	
	John M.		7	
	Rosear	M	3	
	Aaomid M.	F		
130	Johnson, Charles		23	
	Sarah M.		62	Va.
131	Spradlin, Thomas		22	
	Ellen		24	
	Lydia		19	
	Sarah		17	
	Emeline		15	
	Andrew		32	
	George M.		33	
132	Stephens, Reubin		27	
	Nancy		19	
	Solomon G.		6/12	
133	Haywood, Lewis		64	Tenn.
	Green		26	Ky.

133	Haywood, Henry		22	
	Robert		21	
	Lucinda A.		21	
	John		15	
	Thomas J.		9	
134	Hubbard, William		41	
	Sarah		29	
	Clay		18	
	Jane		15	
	America		14	
	Rebecca		11	
	James		7	
	Mary		6	
	Sarah Jane		6/12	
135	Haywood, Laz		31	
	Sarah		32	
	Hiram		14	
	William		10	
	Arta		12	
	Martha		2	
136	Crisp, Joel		60	N.
	Elizabeth		53	Ky
	James		20	
	Sarah		15	
	Newton		9	
137	Barnett, James		24	
	Malinda		17	
138	Dillon, George		28	
	Polly		16	
	Henry B.		11	
	Wm. J.		10	
	Martin		4	
	Horn, Rosannah		45	
	Catharine		22	
139	Hale, William		38	Va.
	Christina		29	Va.
	Catharine		14	Ky.
	Lilburn H.	M	13	
	Robert B.		11	
	Toliver R.		11	
	Commadore P.		7	
	Cynthia		5	
	Buchanan		3	
	Mary E.		1	
140	Dixon, Elisha		37	
	Frances		32	Ky.
	Joel		13	

1850 Lawrence County Ky —

	Margaret E.		1	M			Ia.
	Frederick "						
8	James Horn	Son of Fred (Hobbs)	23	M	Com Laborer		Ky.
	Jane "		20	F			"
	Katharine "		2	F			"
	Edward "		1/12	M			
9	Thomas Crum		21	M	Prob. son & widow Fred — Farmer		Ky.
	Dianna "	Sellers	19	F			"
	Neoma "		7/12	F			
90	William Crum		45	M	son of Farmer Henry?	500	Va.
	Sally "	(Sally)	40	F			Ky.
	John "		20	M	m Frances Ally Sep. 1859		"
	Jesse "		18	M	m Ruthe Mills 4/16/1857 (Martha)		"
	Williaam "		16	M			"
	Jane "		12	F			"
	Sarah "		6	F	John Mills		"
	Elizabeth "		4	F			"
	Katharine "		2	F	m Michael Crum 12/22/1868		"
	Martha "		8/12	F	m Jesse Mills		
991	William Dingess		43	M	Farmer	600	Va.
	Susannah "	(Crum)	39	F	7 a. + RR. m Sam Aldrich		Ky. 11/4/1854
	Cloe "		22	F			"
	John "		18	M			"
	Phebe "		13	F			"
	Frederick "		11	M			"
	Neoma "		9	F			"
	Mary G. "		7	F			"
	Elizabeth "		5	F			"
992	George Mills		40	M	Farmer	100	Va.
	Malta "	Crum	36	F	dau of Henry & 5/5/1830		Ky.
	Elizabeth "		19	F			"
	William "		16	M	(Martha)		"
	Mary Ann "		13	F	Ruthe, 17 m Jesse Crum 4/16/1857		"
Car.	Martha J. "		11	F			"
	John "		9	M			"
	George W. "		7	M			"
	Jesse M. "		4	M	m Martha Crum		"
	Amanda "	Ruthe	2	F			
993	David Smith		26	M	School Teacher	150	Ky.
(?)	Mary "		19	F			Va.
	Mary "		11/12	F			"
994	John Mills		49	M	Farmer	400	No.Car.
	Rutha "		28	F			Ky.
	Martin "		23	M	Farming		Va.
	Thomas "		8	M	"		"
	William C. Mills		4	M			Ky.
	James "		2	M			"
	THOMAS SALMONS		26	M	(m Emily) Farmer		"
	OLIVER "		4	M			"
	RANDOLPH "		25	M			"

1850 Laurence County Ky -

325	Wiley Berry	28	N	Farmer	200	Ky.
	Martha "	30	G			"
	Mary "	8	F			"
	Charlotte "	1	F			"
326	9/26/1806 Michael Horne d 10/21/1885	44	M	Farmer	500	Tenn.
	2/1/1818 Susan " d 5/26/1877	32	F	m 5/4/1833 Son of Henry Hancock		Ky.
	Frederick "	11	M			"
	Christena "	9	F	m Felix Hammonds 10/18/1859		"
	Katharine "	5	F	m G.W. Jarrell		"
	Mary "	2	F			"
	KATHARINE HORNE d 3/1860	65	F			Tenn.
327	Andrea King	43	F	Shoemaker		Penna.
	Sarah "	34	F			Va.
	Mary J. "	15	F			"
	James H. "	14	M			"
	Sarah K.	6	F			"
	Samuel L "	1	M			"
328	William H, Johnson	31	M	Farmer	500	Md.
	Marinda "	18	F			Ky.
	Mary E. "	4/12	F			"
	TELITHA JONES	78	F			Va.
329	John Crabtree	42	M	Lumberman	3500	Va.
	Elizabeth "	40	F			"
	Adelaide "	16	F			Ky.
	Samuel "	10	M			"
	William "	8	M			"
	Smith "	4	M			"
	THOMAS GALASPIE	33	M	Laborer		Va.
	WILLIAM BOWES	22	M	Sadler		"
330	Joseph Pickrell	37	M	Tailor	1300	Va.
	Nancy "	31	F			"
	Veronica "	11	F			Ky.
	Margaret "	9	F			"
	Mary E. "	5	F			"
	James G. "	3	M			"
	Thomas B. "	10/12	M			"
331	F. W. Everete	29	M	Merchant	2700	Va.
	Elizabeth "	26	F			"
	John F. B. "	6	M			Ky.
	Jane "	4	F			Va.
	William W. "	3	M			Ky.
	Laurence C. "	1	M			"
332	L. T. Moore	21	M	Lawyer		Va.
	Sarah "	22	F			"
333	C. L. Roberts	40	M	Farmer	1500	Va.
	Jane "	38	F			Ky.
	Martha J. "	17	F			Ohio
	Elizabeth F. "	14	F			

KEEL, Marshall G. 18*
COLEMAN, Lucy 39, Pheeby 16, Sarah 13, Matilda 12, Moses 9, Winright 9, Delilah 7, Druzilla 2
ADKINS, Wenright 75, Sarah 70
ADKINS, Jessee 35, Elizabeth 27, Hiram 9/12
ADKINS, Henery 51, Elizabeth 48, Winston 21, Owen 18, Henery 15, Judy 12, Jessee 9, Reubin 4
ADKINS, Winright 25, Sarah 24, Clarinda 5, Henery 3, Elizabeth 1
GARDINER, Joseph 56
COLEMAN, Abraham 42, Rebecca 35, Nathaniel 8, Riley 5, Nathaniel 3, Elizabeth 1
ADKINS, Elizabeth 64, Riley 17, Elizabeth 19, Willend 6/12 (f)
ADKINS, William 29, Anna 20, Nathaniel 5, Sarah 3
ROBINSON, John 25, Nancey 24, Richard 66
THACKER, Nathaniel 47, Delilah 47, Emanuel 21, George 17, Sarah 14, Elizabeth 13, Thomas 10, Joseph 9, Mary A. 6
ROWE, Joseph 34, Elizabeth 32, Nancey 16, Milley 14, Sarah 13, Winna 11, Horatio 9, Henderson 5, Mandona 3, William H. 4/12

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JUSTACE, Geenville 25, Rebecca 27, Sarilda 6, Peyton 5, Mary 3, Pricey 1
ADAMS, John 26, Pricilla 20, William 3, James 3
ROBINSON, Sarah 24, Elizabeth A. 3, Mary J. 1
HOPKINS, Elisha 35, Pheeby 35, Elizabeth 16, Bethena 15, Darcas 12, George 10, Mary J. 5
FIELDS, Richard L. 35, Nancey 36
FIELDS, Thomas 25, Eliza 21, Elenor 2, Nancey A. 10/12
FULLER, Jessee 45, Hessie 44 (i), Sarah 21, John 15, Hawkins 12, Elizabeth 10, Nancey 4
FULKERSON, Martin 31*, Elizabeth A. 20, Susan A. 2
CHILDRES, Harvey 21*
COLLINS, Jacob 26*
ROW, Johnithan 43, Elizabeth 36, Guy J. 18, Dulcena 17, John A. 15, Louisa 13, William H. 9, Louanne 6, Henery J. 4, James H. 2, Sophia J. 2
BOLING, Henery 24*, Susannah 32, Lewis 3
ADKINS, George W. 13*, Minerva J. 11, Rebecca V. 9
POLLY, Anna 35, James 20, John 17, Pricey 14 (f)
ROW, James 73*, Sophia 72
COOLEY, Katherine 60*
LOUKS, Anthony P. 26, Barbary 29, Syrena 10, Sarilda 2, Elizabeth S. 2/12
ADKINS, Winston 45, Hannah 44, Stephen 17, Peeter? 15, Winright 13, Joseph 11, Mary 9, John H. 7, Moses 6, Elizabeth 2
ADKINS, Eli 19, Margaret 18
ROWE, Hyram 37, Anibal 24, Mary J. 8, Nancey 5

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MAY, James 45, Ann E. 26, Mary A. 13, David A. 10, William 8, Francis M. 6, George W. 4, James K. P. 2, Nathan 4/12
CASTLES, James 27, Synthia 24, Dianna 6, Maryinda 4, Lucyinde 2
CASTLES, Henery W. 29, Oma 26, Louisa 6, John 5, Miles 2, Henery 1/12

FIELDS, Samuel 35, Esther 30, Rebecca 13, Nancey 11, Susannah 8, Pricey 6, Jenny 3, James 1
RATLIFF, John 26, Tamsey 26, Nancey 9, James 6, Sarah 3
RATLIFF, Sparley 23 (m), Nancey 23, Louisa 4, William P. 3
MURPHEY, John 30, Rachel 30, Harvey 8, Gabriel 6, Alexandre 4
RAMEY, John 30, Arminta 29, Mary 14, Rebecca 8
WHITE, Nancey 68, Robert 27, Sarah 33, Crockett 8
WHITE, Horatio 49, Delilah 44, John D. 18, Rachel 16, Harrison 13, Hensly 11, Clara 7, Lewis 2
CHILDRES, Flemming 42, Charity 40, L. 15 (m), Alexandre 13, John W. 11, William 9, Walter 7, Francis M. 5
CHILDRES, Nathaniel 20, Syrlena 16
LOONEY, John 23, Mary A. 18, Joseph 9/12
ADKINS, Anderson 39, Nancey 35, William J. 11, Levi 8, Lewis 6, James D. 4, Louisa 1, Sarah 21, Mary E. 4/12
ROWE, Loyd 22, Ryena 17, Louanna 1/12
MATNEY, Alex. 25*, Jane 20

Schedule Page 446

HAMILTON, Susan 55*
ROWE, Jacob 50, Sarah 45, Jacob 16, Emaletta 13, Mary A. 11, Clementine 8, Reuben 7
ROWE, Stephen 20, Frankey 20 (f), Henery 2, Harris H. 6/12
SNOW, Fielding 40, Mary 45, John 15, Elizabeth 12, Daniel 10, Nancey 8, Matilda 5, Sarilda J. 3
TAILOR, Burgess 49, Frances 48, Alexandre 14, Sarah 13, Thomas 10, Louisa 7, Isaac 4
RAMEY, Moses 40, Jane 28, Lavicey 9, William 6, Berry 5, Marinda 3, Nancey 1, Sherod 4/12
POTTER, Richard 50, Mary 47, Andrew 22, Mary 17, George 16, Henery 15, Anna 12, Tammaree? 11 (f), Malinda 8, James H. 5, Didema 3, Noah 5/12
STUART, Abraham 30, Esther 29, Nancey 10, Mary 8, Ann 6, William 4, Jenny 3, Thomas 4/12
RAMEY, William 67, Anna 66, William 24
RAMEY, Daniel 40, Lucinda 30, Henery 8, Jackson 7, Rebecca 5, Martha 4, Mary 2, Washington 7/12
BENTLEY, Benjamin 27, Anna 21, Jenny 4, Elizabeth 2, Mary 2/12
HOGSTON, John 28, Susannah 25, William J. 5, Frances 3, Salina 1
CARTER, Sarah 52, Henery 18, Granville 12, Catherine 11
RAMEY, Tabitha 50*
OWENS, William 19*, Anna 19

Schedule Page 447

MCCOLLEY, James 44, Mary 44, Colbert C. 10, Nancey 7
RATLIFF, Nathan 34, Matilda 33, James 15, Rebecca 13, William A. 11, Samuel 10, Paul 6, Silas 6, Marion 4 (m), Matilda 2, Victoria 7/12
SWEENEY, James 45, Sarah 43, Spencer 16, Willis R. 13, Moses 12, Tabitha 11, Elizabeth 7, Martha 5, Anna E. 3, James 4/12
ROWE, Charles 20, Katherine 20
ROWE, Reuben 36, Clara 42, Stephen 17, William 14, Barbary 12, Sarah D. 9, Clara J. 8, Reuben H. 4
HOWELL, Samuel 42, Katherine 40, Charles R. 15, Rebecca 14, Samuel G. 12, John 10, Martha 8, Henderson 7, George 5
GIPSON, Elijah 25, Delilah 21, James M. 10, John 8, William 6, Elizabeth P. 4, Charles 9/12

1840 Cabell Co. VA

enry Horn	1				1									1			1	
illiam Hagerman	1				1									1			1	
m Hall			1		1												1	
illiam Dinges	2	1				1							2		2	1		1
ſe Crom			1		1	1				1					1		1	
illiam Crom	1	3	1			1							2		1			1
illiam Crom jr	2				1												1	
hn Harden	1	2	2		1			1					3	1	1		1	1
rrett Lowe	1					1								1	1			1
lijah Eidens	1	2				1							1				1	
hn Kirk	2	1	1	1	1		1						2	1	1		1	1
ophelis Goodwin	2	1			1					1							1	
mes Step					1												1	
hn Step					1												1	
William Collins		1				1							2	2			1	
Flemming Spaulding	1		1			1							1	1	2			2
William Spaulding	1				1								1				1	
oſeph Markum	1	2				1							2				1	
William Patterson	1							1					2	5	1		1	
dam Crom										1								

		1		1																				
2	1				1									2		2	1		1					
		1		1	1					1						1		1						
1	3	1			1									2		1			1					
2				1														1						
1	2	2		1			1							3	1	1		1	1					
1					1										1	1			1					
1	2				1									1				1						
2	1	1	1	1		1								2	1	1		1	1					
2	1			1					1									1						
				1														1						
				1														1						
	1				1									2	2			1						
1		1			1									1	1	2			2					
1				1										1				1						
1	2			1	1									2				1						
1							1							2	5	1		1						
										1													1	
1		2	3			1								2					1					
2				1														1						

		1		1																			
2	1				1									2		2	1		1				
		1		1	1					1						1		1					
1	3	1			1									2		1			1				
2				1														1					
1	2	2		1			1							3	1	1		1	1				
1					1										1	1			1				
1	2				1									1				1					
2	1	1	1	1		1								2	1	1		1	1				
2	1			1					1									1					
				1														1					
				1														1					
	1				1									2	2			1					
1		1			1									1	1	2			2				
1				1										1				1					
1	2	[redacted]			1									2				1					
1							1							2	5	1		1					
										1												1	
1		2	3			1								2					1				
2				1														1					

1830-1840 CENSUS — UNITED STATES

State Kentucky County Lawrence City Call No.

Page	Head of Family	Free White Males: Under 5	5–10	10–15	15–20	20–30	30–40	40–50	50–60	60–70	70–80	80–90	90–100	Over 100	Free White Females: Under 5	5–10	10–15	15–20	20–30	30–40	40–50	50–60	60–70	70–80	80–90	90–100	Over 100	Slaves	Free Colored	Foreigners not naturalized
	Horn, F. [illegible]					1				1									1				1							
	Horn, M. [illegible]	2					1									1				1										

Frederick Horn Sr in Floyd Co Ky in 1814

1840 Floyd Co Census:

Rosannah Horn age 30-40 (1800-1810)
Ch:

~~female~~
male 10-15 (1825-30)
male 10-15 (1825-30)
female 5-10 (1830-35)
female 5-10 (1830-35)
female -5 (1835-40)

Thomas Horn 50-60 (1780-90)
——— wife 40-50 (1790-1800)
Ch

female 15-20 (1820-25)
female 15-20 (1820-25)
female 10-15 (1825-30)
male 10-15 (1825-30)
male 5-10 (1830-35)

over

1840 Lawrence Co Ky Census

F. Horn age 50-60 00010001 00001001
wife age 50-60

Ch

~~Male~~ 15 - 20
female 20 - 30

M. Horn age 30-40 200001 01001
wife age 20-30

Ch
female 5-10
male under 5
male under 5

1840 CENSUS

OF

LAWRENCE COUNTY, KENTUCKY

Transcribed, Indexed and Published

by

Mrs. Bob G. Clinton

~~707 Ridgeway~~
~~East Alton, Illinois 62024~~ 4112 Viscaya
Sebring, FL
33872

1982

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1840 LAWRENCE COUNTY, KENTUCKY CENSUS

Census Page 35	Males	Females
C. CLAY	111001	101001
S. WILLIAMSON	111101	111001
Wm. WILLIAMSON	101011	22111
S. PACK	00001	0001
Jas. WILLIAMSON	00001	20001
J. MORRISON	020001	10001
G. JUSTICE	112001	2200001
Wm. VERMILLION	11001	10001
Wm. JUSTICE	20001	0001
Z. CASSELL	02103001	001
A. BOWEN	222001	011001
Jas. YOUNG	210001	022001
P. JOB	021	22101
Wm. YOUNG	000001	-
Jno. YOUNG	000001	01001
A. JORDEN	21001	010001
Census Page 36		
E. CASSELL	00001	0001
J. JONES	001000001	00001001
J. WILLIAMSON	100001	20001
Jane CLAY	1	03011
Jas. CLAY	200001	03001
Jorden CLAY	000100001	00011001
J. STEPP	2112001	00010101
R. COLLENSWORTH	0101001	0001101
D. MATHEWS	20001	00001
T. JEWEL	10001	20001
H. FINLEY	12001	10101
A. PRIEST	1030001	110001
A. JOHNSTON	1101001	2113101
B. CASSADY	0111001	111001
T. CASSADY	0001100001	002001
Jno. CHAPMAN	01112001	02114001
Jas. HOBBS	2210001	0110001
E. BRANHAM	20000001	00000001
S. INDICUTT	211001	000101
F. HORN	00010001	00001001
D. CRUMM	220001	120001
M. HORN	200001	01001
F. FLUTY	1001001	0151001
Wm. CAPLEY	0410001	0001001
I. W. STROUD	00001	0001
Jno. MARCUM	0120001001	240001
H. DAVIS	21001	01001
Jas. MUNCY	0010201	1011
P. CAPLEY	-	010001
F. OLDRIDGE	110001	000001
S. OLDRIDGE	010001	101001

1830 Vermilion Co. IL

224

(No. 4.)

113

SCHEDULE of the whole number of Persons within the Division allotted to Tolo

FREE WHITE PERSONS, (INCLUDING HEADS OF FAMILIES.)

Name of County, Town, Township, Parish, Hundred, or District.	NAMES OF HEADS OF FAMILIES.	MALES: Under 5	5 to 10	10 to 15	15 to 20	20 to 30	30 to 40	40 to 50	50 to 60	60 to 70	70 to 80	80 to 90	90 to 100	100 to 110	110 to 120	120, &c.	FEMALES: Under 5	5 to 10	10 to 15	15 to 20	20 to 30	30 to 40	40 to 50	50 to 60	60 to 70	70 to 80	80 to 90	90 to 100	100, &c.
Vermillion County	Solomon Gilliat		1		1	1		1									2	2	2	1		1	1						
	Enoch Remington	1	1	1	1		1										2	2		1									
	Samuel Gunderson		–	2			1										1	1	1	1	1								
	John Sanders		1		1		1														1								
	Amos Lunan					1															1								
	William Wright	2	2			1											1	1	2	1	1		1						
	Aaron Lunan	1		1	1	1		1																1					
	Leah Lunan			1	1	2				1									2	2	1								
	William Canada		1			2												1		2			1						
	James Watson	1	1	2	1			1										2	1				1						
	James Palmer	3				1	1												2					1					
	Mary Delay			1	2												1	3			1								
	William Canada						1												1		1								
	Jeremiah Horn	2	1				1										2				1								
	Archibald Guider					1											1	2	2	1			1						
	King Bailey	1	1		2			1													1								
	Abraham Rose	2				1													1			1							
	Amos Howard		1	1	2			1									1	1			1	1							
	Asbel Osborn		2	1			1											1	1			1							
	John Snyder			1	1		1										1	1	1			1							
	Gabriel Bridwell	2				2													1	1			1						
	Frederick Horn		1	1	1	1			1												1								
	James Ball					1											2				1								
	Robert Boyd			1		2	1										3				1								
	Armenius Miller					1											1				1								
	Nathan Pettit		1	2	1	1			1								1		1				1						
	Hampton Lofts	1			1												1						1						
	William Pettit	1	2			1											2	2				1							
	Jonathan Harris			3			1										1				1								
	James Neal					1												1	1			1							
	Henry Whitsell	2	1	1			1														1								
	Andrew Shelgrim	1				1											1			1									
	Elliot Sutt	1				1																1							
	Noah Guymon	1					1										1	2			1								
	John Gronon		1														2	1					1						
	Ephraim Rose	2		1	1		1										1				1								
	Samuel Thompson					1											1				1								
	Reuben Wright	1				1											1			1	1								
	Jeremiah Cassady	3						1									1	1	1		1								
	James Price	2	1				1														1								
	Abraham Bale	1					1											2			1								
	John Bailey	2					1														1								
	James Bale		3				1																1			1			
	Minter Imbrea					3											2	2			1								
	William Lewis	1	1				1										1			1									
	William Imbrea				1	1														1					1				
	Joseph Bentley	1																2	1	1	1		1						
	Isaac Cook	2	1				1										2	2			1								
	Isaac Lewis	1				1											1	3			1								
	William Maxwell	1		2		1	1										2					1							
	Samuel Thompson	2	3			1	1										1	3				1							
	William Calhoun	3						1									1	3	1				1						
	Lazy Holdsworth			1					1											1			1						
	John Canada				1	1		1												1									
	Elias Canada					1														1									
	David Lewis	1				1														1									
		46	26	24	21	35	21	4	3	1							40	41	25	18	31	13	11	3	1				

MyFamily.com

Year_____ 1830-1840 CENSUS OF THE UNITED STATES

(For those who use the Calendar Method of keeping research notes)

Date of Search _____ Original Copy ☐

Legibility of Record: ☐ Good ☐ Poor

Extract Copy ☐

Microfilm Copy ☐

Printed Copy ☐

Search No._____

Enclosure No._____

Call No._____

Notes: Floyd County Ky

Place of Enumeration:

Page	Name of Head of Family	Free White Males												Free White Females												Slaves	Free Colored	Foreigners not naturalized	Pensioners (1840 Census Only)
		Under 5	5-10	10-15	15-20	20-30	30-40	40-50	50-60	60-70	70-80	80-90	90-100	Over 100	Under 5	5-10	10-15	15-20	20-30	30-40	40-50	50-60	60-70	70-80	80-90	90-100	Over 100				
	Horn, John	1	2	1		1									3		2			1											

1820 CENSUS UNITED STATES

State INDIANA County Jackson City Call No.

Page	Head of Family	Free White Males						Free White Females					Foreigners not naturalized	Agriculture	Commerce	Manufactures	Free Colored	Slaves	Remarks
		Under 10	10–16	16–18	16–26	26–45	45 and over	Under 10	10–16	16–26	26–45	45 and over							
262 A	Horn, Frederick	2	3				1	4			1								
261	Horn, Thomas	2	1	1		1		2			1								

[illegible]	[illegible]	[illegible]	hour
	[illegible]	"	"
	[illegible]	199	[illegible]
[illegible]	[illegible]	197	"

1800-1810 CENSUS — UNITED STATES

State Ky County Floyd City Call No.

Page	Head of Family	Free White Males					Free White Females					All Others	Salves	Remarks
		Under 10	10–16	16–26	26–45	45 & Over	Under 10	10–16	16–26	26–45	45 & Over			
99	HORN, Frederick	3	1			1	1	1		1				

Burgess John	1	1	
Blair James	1		
Bailey Joseph	2	1	2
Bailey Benjamin	1		1
B[illegible]	2		
[illegible]			
Garrett Elizabeth	4	1	
Geddens Andrew	2	1	
Graham John	1		1
Ghost John	1		1
Gibson Archibald	1	2	2
Gibson Archibald	5	1	
Garland Andrew	1		
George Jenny	1	1	1
Halfacre Isaac	2	2	1
Hogg James	1		
Haws Samuel	1		
Hays John	1		
Hunt John	2	1	
Hare Frederick	4		
Hopkins William	1		
Hopkins Gardner			
Hannan John	2		1
Harina Samuel	4		
Haws Samuel	1		
Hale Joseph			1
Hale Peter	3	1	1

24 Dec 1810
Floyd Co KY

Burgess John	2	1	
Blair James	1		
Bailey Joseph	2	1	2
Bailey Benj.a	1		1
B[illegible]	2		
[illegible]			
Garrett Elisha	4	1	
Giddens [illegible]	2	1	
Graham John	1		1
Ghost John	1		1
Gibson [illegible]	1	2	2
Gibson [illegible]	5	1	
Garland [illegible]	2		
George Jenny	1	1	1
Hafford Wm	2	2	1
Hogg James	1		
Haws Sam.l	1		
Hays John	1		
Hunt John	2	1	
Hom Frederick	4		
Hopkins William	1		
Hopkins Gardner			
Harman John	2		1
Harina Sam.l	4		
Haws Samuel	1		
Hale Joseph			1
Hale Peter	3	1	1

24 Dec 1810
Floyd Co Ky

Lawrence Co KY Census

1850

326	Horn, Michael	44	Tenn
	Crum, Susan	32	Ky
	Fred'k	11	"
	Christene	9	"
	Katherine	5	"
	Mary	26	"
	Katherine	65	Tenn

988	Horn, James	23	Ind
	Mullins, Jane	20	KY
	Katherine	2	"
	Frederick	1	"

1860

p. 173	Horn, Michael	55	Tenn
	Susannah	39	Ky
	Frederick	21	"
	Katherine	16	"
	Mary	10	"
	Elizabeth	8	"
	Anthony	7	"
	William	5	"
	Michael	3	"

p. 173	Horn, James	30	Ky
	Jane	3o	"
	Katherine	12	"
	Frederick	11	"
	Mary A	8	"
	John	7	"
	Hannah	4	"
	Michael	3	"
	Frances	1/12	"

1870

77	Horn, Michael	67	Tenn
	susan	53	KY
	Margaret	36	"
	Mary	22	"
	Elizabeth	20	"
	Anthony	18	"
	William	16	"
	Susan	14	"
	? (male)	5	"
	Henry	2	"

35	Horn, James	46	KY
	Jane	36	"
	Katherine	21	"
	Frederick	20	"
	Polly A	19	"
	John	17	"
	Hannah	16	"
	Michael	13	"
	Frances	12	"
	Edward	12	"
	James	10	"
	Lyda	6	"
	Elizabeth	3	"
	Dorcus	2	"
	John	2	"

1850 Lawrence CO KY

984	Chafin, Thomas	27	KY
	Jane	28	IND
	Arch	8	KY
	Katherine	8	VA
	James	5	VA
	Sarah Ann	4	VA
	Elizabeth	3	KY
	William	3/12	KY

1860 Lawrence CO KY

p. 172	Chafin, Thomas	40	VA
	Jane	41	IND
	Michael	20	VA
	Catherine	18	VA
	James	16	KY
	Sarah	14	KY
	Elizabeth	12	KY
	William	10	KY
	Mary	8	KY
	Nancy	6	KY
	Phebe	1	KY

1870 Lawrence CO KY

78	Chafin, Thomas	50	VA
	Jane	51	IND
	James	24	KY
	Elizabeth	22	Ky
	Mary	18	KY
	Nancy	16	KY
	Sarah A	15	KY
	Phebe	13	KY
	Thomas	11	KY

1880 Martin Co KY

			self	father	mother
237	Chafin, Thomas	60	WV	VA	VA
	Jane	61	IND		
	Mary	25	KY	WV	IND
	Phebe	21	KY	WV	IND
	Thomas	18	KY	WV	IND
	Hobbs, William	15	nephew Ky	KY	KY

Martin Co Ky Census

1880

				self	father	mother
243	Horn, Michael	74		Tenn	Tenn	Tenn
	Rena	40	wife	Va	Va	Va
	Hammonds, Lydda	18	granddaughter	WV	?	Ky
	Hammonds, George	12	grandson	WV	?	"
	Murphy, Mary Ann	10	step-daughter	"	WV	VA
	Ball, Moses	48	brother-in-law	VA	VA	"
	lydda	6	niece	KY	"	"
	Pricy	4	niece	"	"	"
	Hess, Arminda	16	step daughter	VA	"	"

110	Horn, James	50		IND	ENG	?
	Jane	48	wife	KY	IND	KY
	Edmund	19	son	"	"	"
	James	16	son	"	"	"
	Lydda	14	dau	"	"	"
	Elizabeth	12	dau	"	"	"
	Dorcas	10	dau	"	"	"

Martin County KY Circuit Court

25 Nov 1885 - Michael Horn's heirs pltff
against
G.W. Jarrell deft

Defendant produced and filed demurred to the plantiff petition and submitted on demur.

Micheal Horn's heirs and others pltff
against
Silas Ball deft

continued

27 Nov 1885 - Michael Horn's heirs and others pltff
against
G.W. Jarrell deft

The demur to be plaintiff petition as amended being held is overturned.

Michael Horn's heirs and others pltff
agianst
G.W. Jarrell deft

Plaintiff produced and filed amended petition herein and defendant inssisted on his demure to the petition as awared and submitted on demurred.

Micheal Horn's heirs pltff
agianst
G.W. Jarrell deft

Sixty days time given defendant to file his answer herein.

26 May 1886 - Michael Horn's heirs and others pltff
agianst
G.W. Jarrell deft

Plaintiff produced and filed amended petition herein and this covers is reviewd in name of William E. Blankeship, administrator of Estate of Micheal Horn, deceased.

24 May 1886 - Michael Horn's heirs pltff
aginst
Silas Ball deft

Dismissed at plaintiff cost it is therefore adjourned by the Court that the defendant, Silas Ball, recover off of the plaintiff the costs herein (defendant).

24 May 1887 - Rena Horn pltff
vs written order
John Crum

This day cause the plaintiff herein and suggested of record her marriage since the last term of this Court with Alexander Brumment (sp?). It appreaing that the defendant Catherine Jarrell, Sampson McCawin, Polly McCawin, Jefferson Ward, Betsy Ward, Peggy Fain and Lydia Williams, have not been served with process - on action is hereby awarded against them, which the Clerk is orded to issue and their cause is continued.

25 May 1887 - Widow Horn heirs and adminsistrator Wm H. Blankenship pltff
vs
G.W. Jarrell deft

The defenadat is given 90 days by agreement to file answer herein, and no answer to be files after said date.

22 Nov 1887 - Michael Horn's heirs and adminsistrator Wm H. Blankenship pltff
vs
G.W. Jarrell deft

Continued

23 Nov 1887 - Lucinda Horn pltff
vs
William Horn deft

Submitted

Lucinda Horn pltff
vs Judgement
William Horn

This cause being submitted for trial and the Court being sufficiently advised upin the pleedings, and proof, it is adjudged that the plaintiff, is entitled to the relief demanded, it is therefore adjudged that the plaintiff, Lucinda Horn, be divorced from the defendant William Horn, and that she recover off the defendant her cost herein expended, including an attorney fee of $15.00, for which she may have execution and this cause is stricken from the docket.

23 Nov 1887 - Michael Horn's heirs and adminstrator Wm H. Blankeship pltff
vs
George Jarrell deft

Order of continuance set aside answer recieved in vocation and filed which is now noted of record and cause continued.

26 Nov 1889 - Michael Horn's heirs and admist Wm H. Blankeship pltff
agianst
G.W. Jarrell deft

Filed away.

Rena Horn pltff
agianst
John Crum deft

Alias continued.

20 Jan 1893 - Fred Horn adulty Bail $50.00

12 May 1893 - Commonwealth pltff
against
Adultry Frederick Horn deft

Defendant demurred to indicement heard and subsrained and cause filed away.

Registrar of Vital Statistics
Certified Copy

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

031439

Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS

State File No. 2250
Registrar's No.

CERTIFICATE OF DEATH

Registration District No. 1621 Primary Registration District No. 7185

1. PLACE OF DEATH:
(a) County MARTIN
(b) City or town RURAL (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: NONE (If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community NONE (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky. (b) County MARTIN
(c) City or town RURAL (If outside city or town limits, write RURAL)
(d) Street No. (If rural give precinct)
(e) If foreign born, how long in U. S. A.? year

3(a) FULL NAME ELIZABETH ALLEY

3(b) If veteran, Name war
3(c) Social Security No.

4. Sex F
5. Color or race W
6(a) Single, widowed, married, divorced Widow

6(b) Name of husband or wife W.T. ALLEY
6(c) Age of husband or wife if alive 72 Years
7. Birth date of deceased DEC. 28 1877 (Month) (Day) (Year)

8. AGE: Years 68 Months Days If less than one day hr. min.

9. Birthplace MARTIN CO. KY
10. Usual occupation Home Wife
11. Industry or business

FATHER
12. Name James Hunn
13. Birthplace Virginia

MOTHER
14. Maiden name Mullen
15. Birthplace Martin Co. Ky.

16(a) Informant's own signature Virgie Alley
(b) Address Beauty, Ky

17. BURIAL, CREMATION, OR REMOVAL
Place Jarrell Date 1-8, 1946
18(a) Signature of funeral director T. C. Jarrell
(b) Address Crum, W.Va.
19(a) 1/28 46 (Date received by local registrar) (b) Maud Ford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 5 1946
21. I hereby certify that I attended the deceased from Jan 1 1946 to Jan 5 1946 that I last saw him alive on Jan 5 1946 and that death occurred on the date stated above at 12:30 a.m.

Immediate cause of death Heart failure — DURATION
Due to Carcinoma of uterus — 2 yrs
Other conditions Anemia
(include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? (Specify type or place)
While at work? (e) Means of injury

23. Signature A. E. Evans (M. D. or other)
Address Kermit Date signed Jan 31-46

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

I, Sandra J. Davis, State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 1st day of March, 20 02 R3

Sandra J. Davis
Sandra J. Davis, State Registrar

U.S. PATENT NO.s 4227728 4265465 4310180 4227719 4210346 4341404 4351547

031439

Form V S 1 A

DEPARTMENT OF COMMERCE
Bureau of the Census

DELAY

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS

State File No. 59
Registrar's No. 59

CERTIFICATE OF DEATH

Registration District No. 1020 Primary Registration District No. 7182 **1212**

1. PLACE OF DEATH
(a) County Martin
(b) City or town Rural (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: (If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky (b) County Martin
(c) City or town Rural (If outside city or town limits write RURAL)
(d) Street No. (If rural give precinct)
(e) If foreign born, how long in U. S. A.? years

3(a) FULL NAME W. I. Alley

3(b) If veteran, Name war No.
3(c) Social Security No.

4. Sex M
5. Color or race W
6(a) Single, widowed, married, divorced Married
6(b) Name of husband or wife Elizabeth Alley
6(c) Age of husband or wife if alive Years
7. Birth date of deceased (Month) (Day) 1864 (Year)
8. AGE: Years 76 Months Day If less than one day hr. min.
9. Birthplace Abbi County
10. Usual occupation Farmer
11. Industry or business
12. Name Thomas Alley (FATHER)
13. Birthplace Abbi Co
14. Maiden name Rebecca D. Compsey (MOTHER)
15. Birthplace Martin Co
16(a) Informant's own signature
(b) Address
17. BURIAL, CREMATION, OR REMOVAL
Place Date Mar 13, 1940
18(a) Signature of funeral director
(b) Address ~~Mart~~
19(a) May 15th 1940 (Date received by local registrar) Delbert Dalton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 12 1940
21. I hereby certify that I attended the deceased from 19 to 19, that I last saw h alive on 19, and that death occurred on the date stated above at M.

Immediate cause of death Heart trouble — DURATION
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature A. C. Evans (M. D. or other)
Address Grey Eagle, Ky. Date signed

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

Registrar of Vital Statistics
Certified Copy

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

030449

FORM V S 1-500M 6 20-11

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 8620

Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

County Martin

Vot. Pct. Big Elk Registration District No. 6901

Inc. Town / Primary Registration District No. /

City ..... (No. ..... St., ... Ward)

2 FULL NAME Hannah Booth

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 SINGLE, MARRIED WIDOWED, OR DIVORCED (Write the word) M

6 DATE OF BIRTH Jan (Month) 12 (Day), 1858 (Year)

7 AGE 58 yrs. 1 mos. 19 ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry business or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) Martin Co. Ky

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

15 Filed 3/3, 1916 Lutisha Hawes
REGISTRAR

11—31S4

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March (Month) 3" (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1916, to March 2, 1916, that I last saw her alive on March 2", 1916, and that death occurred on the date stated above at 1 a. m. The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ... yrs. ... mos. 6 ds.

Contributory (SECONDARY) / (Duration) ... yrs. ... mos ... ds.

(Signed) H. Hawes, M. D.

3/3, 1916 (Address) Warfield Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Warfield Ky DATE OF BURIAL 3/4, 1916

20 UNDERTAKER ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

I, Sandra J. Davis, State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 28th day of Feb, 2002

Sandra J. Davis
Sandra J. Davis, State Registrar

U.S. PATENT NO.s 4227720 4205469 4318188 4227719 4218246 4241404 4351947

030443

Form V. S. 1-A—50m—11-1-29

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27552

File No. _____

Registered No. 28

1 PLACE OF DEATH

County Martin

Vil. Pct. Rockcastle

Reg. District No. 1021

Inc. Town _____

Primary Registration District No. 4442

City _____ (No. _____ St. _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Susana Brumit

(a) Residence. No. _____ Street _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, Widowed, or Divorced HUSBAND of (or) WIFE of Grant Brumit

7. DATE OF BIRTH (month, day, and year)

7. AGE Years 86 Months 8 Days 2 If LESS than 1 day ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nothing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. old age

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (state or country) Hardin Co Ky

MOTHER'S MAIDEN NAME

13. NAME Susan Brown

14. BIRTHPLACE (city or town) (state or country) _____

15. MAIDEN NAME Susan Brown

16. BIRTHPLACE (city or town) (state or country) _____

17. INFORMANT (Address) George Dalton

18. BURIAL, CREMATION, OR REMOVAL Place Dalton Cem. Date Nov 8, 1931

19. UNDERTAKER (Address) George Dalton

20. FILED Nov 8, 1931 Beth Pack Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 6, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19__ to _____, 19__

I last saw h. alive on _____, 19__ death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Rheumatism	
old age	
86-1-2	
Contributory causes of importance not related to principal cause:	

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Walt Amyx, M. D.

(Address) Calf Creek

RESERVED FOR BIRTH CERTIFICATE

R. S. WHITE PLEASE, WRITE PLAINLY. ALSO BE SURE THERE IS A PERMANENT ... Give in full name of deceased. Age must be given EXACTLY. Physician's name must be signed. Cause of death must be given in full. Be sure to give date of death. Be sure to give place of death. Be sure to give place of burial. Be sure to give cause of death.

50 28027

State File No. _____

Registrar's No. _____

Form V. S. 1-A

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1020 Primary Registration District No. 7184

1. PLACE OF DEATH
a. COUNTY: Martin Co Ky
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hoe E. Ky
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Ky
b. COUNTY: Martin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hoe Ky
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Bessie
b. (Middle):
c. (Last): Chatfield

4. DATE OF DEATH (Month) (Day) (Year): Nov 26 1950

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 20 1892
9. AGE (In years last birthday): 58
If Under Months: 1 Year Days: If Under Hours: 24 Hrs. Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Martin Co Ky
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Horne
14. MOTHER'S MAIDEN NAME: Vashie Copley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Guardian Bertha

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Head — Interval between onset and death: 3 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Erb's or Hemiparesis of tongue — 6 days

DUE TO (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 111 - 057 - 14
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from Nov 24, 1950 to Nov 26, 1950, that I last saw the deceased alive on Nov 26, 1950, and that death occurred at 8 p.m., from the causes and on the date stated above.

23a. DATE SIGNED: Dec 5/50
23b. ADDRESS: Permit Ky
23c. SIGNATURE: Ed Stoff MD (Degree or title)

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/28/50
24c. NAME OF CEMETERY OR CREMATORY: Family
24d. LOCATION (City, town, or county) (State): Hode Ky

25a. DATE REC'D BY LOCAL REG.: 1-1-51
25b. REGISTRAR'S SIGNATURE: Flora Triplett
26. FUNERAL DIRECTOR: Family
ADDRESS

Martin County KY Deaths

1906
Crum, Nora 1 year 10-11 John and Lida Horn
born: Calf Creek
1875
Horn, Darcus 1 month 2-18 John Horn

1876
Horn, James 5 months 3-12 John and Manerva Horn

1878
Horn, H.D. 5 years 2-28 Frederick and Nancy Horn

1901
Endicott, Clifford 1 year 9-9- Thomas Endicott and Rena Horn

1906
Endicott, Haskel 6 months 8-18 T.S. and ---- Endicott
born: Martin County KY

1906
Endicott, Norman 2 months 11-14 Ransom Endicott
born: Martin County KY

1910
Horn, Mary J. 1 month 4-2 William and Jane Horn
born: Martin County KY

1984518_0000419

Filed 106,374

This becomes a legal record when properly executed and will be placed in permanent file.

Write plainly with permanent ink or typewriter.

Physician last in attendance must state cause of death and sign medical certification. If no physician in attendance, health officer (or coroner, if inquest is held) must complete and sign medical certification. Power of signature cannot be delegated.

Cause of death.

Enter only one cause per line for A.B.C.* This does not mean mode of dying such as heart failure, asthenia, etc., it means the disease, injury or complication which caused death.

Funeral director or person disposing of body, must file certificate with local registrar within 72 hours after death and prior to transportation by common carrier or removal from state.

All items are to be complete and accurate.

WEST VIRGINIA STATE DEPARTMENT OF HEALTH—DIVISION OF VITAL STATISTICS

Dist No. 300 Serial No. 58

CERTIFICATE OF DEATH

State File No. 3411

1. NAME OF DECEASED (Type or Print) a. (First) Laura b. (Middle) P. c. (Last) Crum

2. DATE OF DEATH (Month) (Day) (Year) Mar. 28, 1956

3. PLACE OF DEATH a. COUNTY Mingo b. CITY OR TOWN (If outside corporate limits, write RURAL and give district) Williamson c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital 4

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE W. Va. b. COUNTY Mingo c. CITY OR TOWN (If outside corporate limits, write RURAL and give district) Nolan d. STREET ADDRESS (If rural, give location)

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Dec. 7, 1873 9. AGE (In years) 82 If under 1 year: Months 3 Days 21 If under 24 hrs: Hours Min.

10. USUAL OCCUPATION Housewife 10a. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Wayne Co., W. Va. 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Bud Harris 14. MOTHER'S MAIDEN NAME Polly Ann Horn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No If yes, give war or dates of service 16. SOCIAL SECURITY No. 17. INFORMANT John Crum

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) c congestive failure

DUE TO (c) 4200

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) Year) (Hour) m. 21e. INJURY OCCURRED While at Work ☐ Not While at Work ☐ 21f. HOW DID INJURY OCCUR? 21g. INQUEST? Yes ☐ No ☐

22. I hereby certify that I attended the deceased from 3-28, 1956 to 3-28, 1956 and that I last saw the deceased alive on 3-28, 1956 and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Russell A. Patton (Degree or title) M.D. 23b. ADDRESS Williamson, W. Va. 23c. DATE SIGNED Apr 56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 3-31-56 24c. NAME OF CEMETERY OR CREMATORY Jerrell Cemetery 24d. EMBALMER'S SIGNATURE F F Allen LIC. NO. 681

DATE REC'D BY LOCAL REG. April 7, 1956 REGISTRAR'S SIGNATURE Selma J Roler 25. FUNERAL DIRECTOR (Signature) F F Allen LIC. NO. 12

VS-008 (2-31-49) FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. [illegible]

Registration District No. [illegible]

Registered No.

Primary Registration District No.

1 PLACE OF DEATH

County: Wayne

Vot. Pct.: [illegible]

Inc. Town: [illegible]

City: (No. St., Ward)

2 FULL NAME: Mitchel Crum

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word):

6 DATE OF BIRTH: Aug 1st, 1852 (Month) (Day) (Year)

7 AGE: 22 yrs. 0 mos. 10 ds.

IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry business or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Ky.

PARENTS

10 NAME OF FATHER: John Crum

11 BIRTHPLACE OF FATHER (State or country): Ky

12 MAIDEN NAME OF MOTHER: Lydia Horn

13 BIRTHPLACE OF MOTHER (State or country): Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Charles Crum

(Address): Jones Ky

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH: Aug 25th, 1914 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 6, 1914, to Aug 12, 1914, that I last saw him alive on Aug 12, 1914, and that death occurred on the date stated above at 4 P.M. The CAUSE OF DEATH* was as follows: Injuries received by fall of slate in Mine

(Duration) yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) J. R. Fairchild, M. D.

, 191... (Address) Jones

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Horn graveyard

DATE OF BURIAL: Aug 27

1983274_0000931

N. B.—WRITE ONLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

D. V. S.—Form 2

1. PLACE OF DEATH (Dist. No. 3042) Series No. 37 (TO BE INSERTED BY LOCAL REGISTRAR)

Division of Vital Statistics

County Mingo

District Tal

West Virginia State Department of Health

CERTIFICATE OF DEATH

18912 (FOR STATE REG. USE ONLY)

Town or City Nolan W. Va. No. St., Ward

(IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

2. FULL NAME Raw Crum

(a) Residence. No. St., Ward.

(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S. A., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED Husband of (or) Wife of Lana Belle Harris

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 72 | Months | Days | IF LESS than day, hrs. or min.

OCCUPATION

8. TRADE PROFESSION or particular kind of work done, as spinner sawyer, bookkeeper, etc. Laborer

9. INDUSTRY OR BUSINESS, in which work was done, as silk mill, saw mill, bank, etc.

10. DATE DECEASED LAST WORKED at this occupation (month and year)

11. TOTAL TIME (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or County) West Virginia

FATHER

13. NAME Jess Crum

14. BIRTHPLACE (city or town) (State or Country) West Virginia

MOTHER

15. MAIDEN NAME Jane Muse

16. BIRTHPLACE (City or Town) (State or Country) West Virginia

17. INFORMANT Sanford Crum (Address) Nolan, W. Va.

18. BURIAL, CREMATION, OR REMOVAL Place Hade, Va. Date 12-15 1936

19. UNDERTAKER Signature F. D. Allen (Address) Williamson License No. 68

20. FILED 12/20 1936 J. D. Mode Registrar.

MEDICAL CERTIFICATION OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 13 1936

22. I HEREBY CERTIFY, That I attended deceased from 19..., to 19..., I last saw h... alive on 19..., death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic Myocarditis & Myocardial Degeneration 131 — Date of onset

Contributory causes of importance not related to principal cause: Chronic Nephritis

Name of operation — Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes, fill in also the following

(Check) Accident—Suicide—Homicide? Date of injury 19..

Where did injury occur? (Specify City or Town, County, and State)

Check whether injury occurred in industry home public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If, so, specify

(Signed) J. Dawson M. D.

(Address) Williamson W. Va.

1983271_0000300

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D. V. S. Form 2

STANDARD CERTIFICATE OF DEATH

West Virginia State Department of Health

9292

Registered No. 75

1. PLACE OF DEATH Hamp
County Mingo District (Dist. No. 3074)
Town or City Gaddman No. Street
(If death occurred in a hospital or institution, give its name instead of street and number)

1a. PLACE OF RESIDENCE: STATE (If not same as place of death) Length of residence where death occurred yrs. mos. da.
County District (Dist. No.)
Town or City No. Street

2. FULL NAME William Crum

(Local Registrar's Serial No.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. IF MARRIED, WIDOWED, OR DIVORCED Husband of (or) Wife of Rada Jarrell
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years 66; Months; Days; IF LESS than 1 day, hrs. or min.

OCCUPATION
8. TRADE PROFESSION or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Timberman
9. INDUSTRY OR BUSINESS, in which work was done, as silk mill, saw mill, bank, etc.
10. DATE DECEASED LAST WORKED at this occupation (month and year)
11. TOTAL TIME (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or Country): Wayne Co. W. Va.

FATHER
13. NAME: Jesse Crum
14. BIRTHPLACE (city or town) (State or Country): Kentucky

MOTHER
15. MAIDEN NAME: Musick
16. BIRTHPLACE (City or Town) (State or Country): Virginia

17. INFORMANT: Luther Crum (Address) Gladman, W. Va.
18. BURIAL, CREMATION, OR REMOVAL Place Hale Ky Date 4-14 1936
19. FUNERAL DIRECTOR (Signature) J. A. Allen (Address) Williamson W. Va. (License No. 291)
20. FILED 7/8 1936 Mrs Del Dunford Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 11 1936
22. I HEREBY CERTIFY, That I attended deceased from 19 [illegible] last saw h alive on 19, death is said to have occurred on the date stated above, at 8:05 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Failure	
a. Heart Failure -	15
Gen. History of heart disease -	
Other contributory causes of importance:	
No autopsy made	

Name of operation — Date of
What test confirmed diagnosis — Was there any autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19
Where did injury occur? (Specify City or Town, County, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) G. D. Crum M. D.
(Address)

Form V. S. 1-A—75m—3-10-33

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7461

File No. _____
Registered No. _____

Registration District No. 1022
Primary Registration District No. 6644

1. PLACE OF DEATH

County Martin
Vot. Pct. Turkey #9
Ins. Town _____
City _____ (No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Daniel Dalton

(a) Residence. No. _____ St., _____ Ward
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed or Divorced (write the word): —
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —
6. DATE OF BIRTH: March 15 1934
7. AGE: Years _____ Months _____ Days 15 If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MOTHER
12. BIRTHPLACE: Martin Co Ky
13. NAME: Leonard Dalton

FATHER
14. BIRTHPLACE: Martin Co Ky
15. MAIDEN NAME: Ivy Horn
16. BIRTHPLACE: Martin Co Ky

17. INFORMANT _____
(Address) _____

18. BURIAL, CREMATION, OR REMOVAL
Place Dalton Cemetery Date March 31, 1934

19. UNDERTAKER Family & Friends
(Address) Jenkins Ky

20. FILED April 5, 1934 Sue Fairchild Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19__ to _____, 19__

I last saw h. alive on _____, 19__, death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
1. Cause Not Known	
Found Dead in Bed	

Contributory causes of importance not related to principal cause:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ date of injury _____ 19__
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No specify
(Signed) J. R. Fairchild, M. D.
(Address) Jenkins Ky

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH FADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. 1—10m—6-23-27

1 PLACE OF DEATH

County Martin

Vot. Pct. Turkey #9 Registration District No. 1022

Inc. Town _____ Primary Registration District No. 6644

City _____ (No. _____ St., _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Floyd Dalton

(a) Residence. No. _____ St., _____ Ward. _____

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 28393

Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (Write the word): —

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6 DATE OF BIRTH: Jan 5 1900 (Month) (Day) (Year)

7 AGE: 22 yrs. 10 mos. 15 ds. If LESS than 1 day ..... hrs. or ..... min?

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work _____
(b) General nature of industry, business or establishment in which employed (or employer) _____

9 BIRTHPLACE (city or town) (State or country): Inez Ky

PARENTS

10 NAME OF FATHER: Dan Dalton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Martin Co Ky

12 MAIDEN NAME OF MOTHER: Jane Horn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Martin Co Ky

14 (Informant): Thomas Colley

(Address): Inez Ky

15 Filed _____, 19 _____ Lee Fairchild, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov 20th (Month) (Day), 1925 (Year)

17 I HEREBY CERTIFY, That I attended deceased
from _____, 19____, to _____, 19____,
that I last saw h..... alive on _____, 19____,
and that death occurred on the date stated above at 2 m.
The CAUSE OF DEATH* was as follows:
Killed by a fall from a Siding
(Duration) _____ yrs. _____ mos. 4 ds.

Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.

18 WHERE WAS DISEASE CONTRACTED _____
If not at place of death? _____
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____
What test confirmed diagnosis? _____
(Signed) J. R. Trivette, M. D.
_____, 19____ (Address) Inez Ky

*State the Disease Causing Death, or, if deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL: Dalton cemetery

DATE OF BURIAL: Nov 21st, 1925

20 UNDERTAKER: Friends

ADDRESS _____

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

B. Duplicate item of information concerning the deceased should be carefully supplied. ALL should be strictly. PHYSICIANS should state CAUSE OF DEATH in plain language. It is easy to be properly checked. Exact nature of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. 20559
Registrar's No. 1022

Registration District No. 1022 Primary Registration District No. 7186

1. PLACE OF DEATH:
(a) County Martin
(b) City or town Rural
(c) Name of hospital or institution: (If outside city or town limits, write RURAL)
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Tennessee (b) County Martin
(c) City or town Rural (If outside city or town limits, write RURAL)
(d) Street No. — (If rural give precinct)
(e) If foreign born, how long in U. S. A.? — years

3(a) FULL NAME Jenova Dalton

3(b) If veteran, Name war No.
3(c) Social Security No.
4. Sex Female
5. Color or race W
6(a) Single, widowed, married, divorced Widow
6(b) Name of husband or wife
6(c) Age of husband or wife if alive Years
7. Birth date of deceased Jan (Month) 17 (Day) (Year)
8. AGE: Years 4 Months Days If less than one day hr. min.
9. Birthplace Calf Creek Ky
10. Usual occupation —
11. Industry or business —
FATHER 12. Name Cecil Dalton
13. Birthplace Martin Co Ky
MOTHER 14. Maiden name Stella Hart
15. Birthplace Martin Co Ky
16(a) Informant's own signature Junior Castle
(b) Address Calf Creek Ky
17. BURIAL, CREMATION, OR REMOVAL
Place Cemetery Ky Date Jan 28, 1942
18(a) Signature of funeral director
(b) Address Calf Creek Ky
19(a) (Date received by local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH Jan 27 1942
21. I hereby certify that I attended the deceased from 19 to 19, that I last saw h alive on 19, and that death occurred on the date stated above at M.
Immediate cause of death Hypno — —
Due to 153
Other conditions (Include pregnancy within 3 months of death)
DURATION 3 days
Major findings:
Of operations
Of autopsy
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? In or about home, on farm, in industrial place in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature Nancy Thomas (M. D. or other)
Address Oney Ky Date signed Jan 28

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully examined. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEATH

DEATHS.

Name of Deceased	Age	Sex	Condition	Occupation	Residence	Place of Birth
Benjamin Pittman?	24y 8m	Male	Single		Floyd County Ky	Tazewell Co Va
Blair May	4?y	Male	Married	Farmer	Same	Russell Co Va
William S. Adams	5m	Male	Single		Same	Pike Co Ky
Elizabeth Patrick	3?y	female	Married	Spinning Weaving	Same	Floyd Co Ky
Phebe Jackson	1y 9m	female	Single		Same	Same
Frederick Prickett	5y	Male	Single		Same Licking	Breathitt Co Ky
Meredith Church	5?y 9m	Male	Married	Farmer	Same Bonny? fork	Russell Co Va
Not Named	2 days	Male	Single		Same Bonny? fork	Floyd Co Ky Bonny? fork
Malinda Gibson	22y	female	Single	Spinning Weaving	Same Bonny? fork	Same Licking
Emella? Jackson	22y	female	Single	None	Same Licking	[illegible]
William Rose?	22	Male	Married	Farmer	Same Licking	North Carolina
Lilly E. Moore?	1.1.6	female	Single	None	Same M. Cr	Floyd Co Ky [illegible]
Not Named	2	Male	Single	None	Same	Same [illegible]
Andrew Salyer	11	Male	Single	None	Same Middle Cr	Same Middle Cr
Lucy Williams	1?y	female	Single	None	Same Ivy	Same Ivy
Mary Moore	6y	female	Single	None	Same Stonecoal	Same Stonecoal
Not Named	[illegible]	female			Same Beaver	Same Beaver
Not Named	[illegible]	female			Same Salt Lick	Same Salt Lick
Lucy? Sparkman	1y 2?	female			Same Jones fork	Same Jones fork
Not Named	1 day	Male			Same Jones fork	Same Jones fork
Samuel Bentley	5m	Male			Same Beaver	Pike Co Ky
William Spradlin?	3?y	Male	Married	Farmer	Same Beaver	Floyd Co Ky Beaver
Hiram Gibson?	50y	Male	Married	Farmer	Same Beaver	[illegible] Co Tenn
Clarinda Jackson	1y	female			Same Licking	Floyd Co Ky Licking
Louisa Turner?	26y	female	Married	Spinning Weaving	Same Licking	Same Licking
Nanny? McGuire	18y	female	Single	Spinning Weaving	Same Mud Cr	Same Mud Cr
Diana Williams	3?y	female	Married	House Wife	Same Middle Cr	Same [illegible] Co
Hugh Marshall	3?y	Male	Married	Farmer	Same [illegible]	Lee Co Va
Not Named	1 day	female			Same Johnson Co	Floyd Co Ky Johnson Co
Louisa Webb	11m	female			Same Johnson Co	[illegible] Co Va Grayson? Co
Lore? R. Vaughan	2?m	female			Same Sandy	Floyd Co Ky Sandy
Harrison? Burrell?	3?y	Male	Married	Mechanic	Same Pittsburg?	Pennsylvania
Rhoda [illegible]	3?y	female	Married	house wife	Same Middle Cr	Floyd Co Ky Sandy
Mary Ann? Patrick?	9y	female	Single		Same Licking	Same Licking
Ida? Rowe	2y 10m	female	Single		Same half mountain	Same Licking
Solomon? Joseph	1y 6m	Male	Single		Same Half Mountain	Same Half Mountain
Jacob Shepherd	77y	Male	Married	farmer	Same Licking	Virginia
Not Named	[illegible]	female			Same Quicksand?	Floyd Co Ky Quicksand?
Nancy Jane Howard	[illegible]	female	Single		Same Licking	Same Licking

DEATHS.

Names of parents or Owners of Slaves.	Place of Death	Time of Death.	Cause of Death.	Remarks.
Henry Honaker	Floyd Co Ky	February 29 1858	Burned to death	×
Caleb May, Margaret May	Same	October 20 1858	Typhoid fever	×
[illegible] Adams, Nathaniel Adams?	Pike Co, Johnson Co	May 4th 1858	[illegible]	
John? & [illegible] Montgomery?	Floyd Co Ky Licking	December 29 1858	Consumption	×
Jackson & Nancy Jackson	Same Licking	August 1858	Flux	×
Caleb? & Polly Prickett	Same Licking	April 25 1858	Worms	×
William & Polly Patrick	Same Bonny? fork	May 17 1858	Typhoid fever	×
Joseph & Mary [illegible]	Same Licking	Dec 28 1858	Croup	×
James & Malinda Gibson	Same Licking	May 29 1858	Dropsy	×
Jackson & Elizabeth Jackson	Same Licking	July 1858	Croup	×
William & [illegible] Rose	Same Licking	December 22 1858	Dropsy?	×
Daniel & [illegible] Moore?	Same	December 6 1858	Worms	×
William Dyer?	Same	December 28 1858	Cause not known	×
Samuel Salyer	Same M? Cr	March 27 1858	Debilitated	×
George Williams	Same Ivy? fork	December 1858	Consumption	×
John & Nancy Moore	Same	January 6 1858	Not known	×
Harry? [illegible]	Same	Sept [illegible] 1858		
Alexander & [illegible] Osborne	Same	March 11 1858		
Eza? Sparkman	Same	Sept 6 1858	Flux	
[illegible]	Same	December 25 1858	Not known	×
John Bentley	Pike Co Ky	1858		×
Frederick Spradlin?	Floyd Co Ky	Sept? 1858	Typhoid fever	×
[illegible] & Rhoda Gibson	Same Beaver	October 1858	Cancer	×
Gabriel Jackson	Same Licking	Sept 1st 1858	Croup	×
[illegible] Turner	Same Licking	December 15 1858	Died in child bed	×
Samuel McGuire	Same Mud Cr	August 2? 1858	Typhoid fever	×
[illegible]	Same Middle Cr	March 7 1858	Consumption	
Hugh Marshall	Same Middle Cr	August 9 1858	Consumption	×
Andrew Hatfield	Same Johnson Co	1858		×
Webster Webb	Same Johnson Co	January 4 1858	Fever	×
[illegible] Vaughan	Same Sandy	Sept 15 1858	Erysipelas	
John? Burrell	Same Pittsburg?	January 24 1858	[illegible]	
[illegible]	Same Middle Cr	August 29 1858	Erysipelas	×
Wilson? & [illegible] Patrick	Same Licking	December 1858	Fever	×
William [illegible] & Mary Rowe	Wayne Co Va	February 1858	Whooping Cough	×
[illegible] Joseph	Floyd Co Ky Half Mountain	August 1858	[illegible]	×
[illegible] Shepherd	Same Licking	Oct 21 1858	decay of the kidneys	
[illegible]	Same Quicksand?	April 24 1858	Cause not known	
John Howard	Same Licking	June 30 1858	Croup	×

9563 0000 2482

Form V. S. **DELAY**

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. 5432
Registrar's No. 982

Registration District No. 755 Primary Registration District No. 6101

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Louisville Rural (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: Rt. # 1 Coral Ridge (If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community ____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kentucky (b) County Jefferson
(c) City or town Louisville Rural (If outside city or town limits, write RURAL)
(d) Street No. Rt. # 1 Coral Ridge (If rural give precinct)
(e) If foreign born, how long in U. S. A.? ____ yrs

3(a) FULL NAME Henry Damron
3(b) If veteran, Name war None
3(c) Social Security No. None
4. Sex Male
5. Color or race White
6(a) Single, widowed, married, divorced Divorced
6(b) Name of husband or wife ____
6(c) Age of husband or wife if alive ____ Years
7. Birth date of deceased Oct. 16, 1871 (Month) (Day) (Year)
8. AGE: Years 77 Months 4 Days 9 If less than one day ____ hr. ____ min.
9. Birthplace Martin Co. Ky.
10. Usual occupation Laborer
11. Industry or business ____
FATHER 12. Name Golith Damron
FATHER 13. Birthplace Ky.
MOTHER 14. Maiden name Peggy Horn
MOTHER 15. Birthplace Ky.
16(a) Informant's own signature Wm. Damron
(b) Address Rt. # 1 Coral Ridge, Ky.
17. BURIAL, CREMATION, OR REMOVAL
Place Coral Ridge Cem. Date Feb. 27, 19 49
18(a) Signature of funeral director McDaniel Funeral Home
(b) Address Louisville Kentucky
19(a) MAR 7 1949 (Date received by local Registrar) Regina M. (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH Feb. 25, 1949 19____
21. I hereby certify that I attended the deceased from ____ 19____ to ____ 19____ that I last saw him alive on ____ 19____, and that death occurred on the date stated above at 5:00 A. M.

Immediate cause of death	DURATION
Chronic Myo Carditis	
Due to Sudden Death	

Other conditions ____ (Include pregnancy within 3 months of death)

Major findings:
Of operations 4333 - 93 D
Of autopsy ____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ____
(b) Date of occurrence ____
(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? ____ (Specify type of place)
While at work? ____
23. Signature Paul S. [illegible] (M. D. or coroner) Coroner
Jefferson County Ky. Date signed 3/4/49

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH FADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Form V. S. 1-0000 5-20-22

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

26349

File No. .....

Registered No. 8

1 PLACE OF DEATH

County Martin

Vot. Pct. Lick Branch, Registration District No. 4902

Inc. Town ..... Primary Registration District No. .....

City ..... (No. ..... St., ... Ward)

[If death occurred in a hospital or institution give its name instead of street and number.]

2 FULL NAME Cloud Endicott

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH ..... (Month) ..... (Day) ..... 1 (Year)

7 AGE ..... yrs. ..... mos. ..... ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: [illegible]
(b) General nature of industry, business or establishment in which employed (or employer): [illegible]

9 BIRTHPLACE (State or country): Martin Co

PARENTS

10 NAME OF FATHER: Thomas Endicott

11 BIRTHPLACE OF FATHER (State or country): Lawrence Co

12 MAIDEN NAME OF MOTHER: Rose Horn

13 BIRTHPLACE OF MOTHER (State or country): Martin

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

15 Filed Nov 2 1916 ..... J. R. Lemaster ..... Registrar

11—3194

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct ..... 12 (Month) (Day) ..... 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 5, 1916, to Oct 12, 1916, that I last saw him alive on Oct 8, 1916, and that death occurred on the date stated above at 5 P. M. The CAUSE OF DEATH* was as follows:

Diarrhoea and Enteritis

(Duration) — yrs. 5 mos. ... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible], M. D.

Oct 12, 1916 (Address) Riverlandon

*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL ..... 191..

20 UNDERTAKER | ADDRESS

PLEASE PRESERVED FOR SCHOOL

WRITE PLAINLY. OATH PERFORMED UNDER PENALTY OF PERJURY

N. B.—Every item of information should be carefully examined. Age should be stated EXACTLY. PHYSICIANS COOPERATION is urged. CERTIFICATE OF DEATH is place permit, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.

1984141_0001940

WEST VIRGINIA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Dist. No. 500 Serial No. 245 State File No. 13911

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print) a. (First) Gabriall b. (Middle) Roy c. (Last) Endicott

2. DATE OF DEATH (Month) Oct (Day) 9, (Year) 1949

3. PLACE OF DEATH a. County Wayne
b. City (If outside corporate limits, write RURAL and give Dist.) or Town Webb W. Va.
c. Length of Stay (in this place) 59 yrs
d. Full Name of Hospital or Institution (If not in hospital or institution, give street address or location.)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. State W. Va. b. County Wayne
c. City (If outside corporate limits, write RURAL and give District) or Town Webb W. Va.
d. Street Address (If rural, give location)

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, SINGLE, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 24, 1878
9. AGE (In years) 71 IF UNDER 1 YEAR Months 5 Days 5 IF UNDER 24 HOURS Hours Min.
10a. USUAL OCCUPATION Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Lawrence Co. Ky
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Joshua Endicott Ky
14. MOTHER'S MAIDEN NAME Elizabeth Salmons Ky
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 232-28-0703
17. INFORMANT W. J. Endicott Webb W. Va.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Due to (b) 420-93A
Due to (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. CITY OR DISTRICT (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at Work ☐ Not while at Work ☐
21f. HOW DID INJURY OCCUR?
21g. INQUEST Yes ☐ No ☐

22. I hereby certify that I attended the deceased from Aug 20, 1949 to _____, 19__, that I last saw the deceased alive on Aug 20, 1949 and that death occurred at 10.50 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. W. Mills, M.D.
23b. ADDRESS Kenova, W. Va.
23c. DATE SIGNED Oct 15, 1949

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct 11, 1949
24c. NAME OF CEMETERY OR CREMATORY Copley Cemetery
24d. EMBALMERS SIGNATURE H. H. Curtright LIC. NO. 797R

DATE REC'D BY LOCAL REG. Oct. 18-49
REGISTRAR'S SIGNATURE Tokey S. Plymale
25. FUNERAL DIRECTORS SIGNATURE H. H. Curtright Louisa Ky LIC. NO. 468

VS-002 (1-1-49) FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE

Subject: Re: Horn Family
From: jhmcbr01@aol.com
Date: Wed, 02 Jul 2008 21:25:16 -0400
To: zhorn58228@aol.com

Hello Zandra -

Great to hear from you and so sorry that you have so many fires and all that smoke out there. We are having a fairly nice summer so far. We had a week of 90's and then it cooled off. Haven't had enough rain though. I have been watering my little garden once a week.

I looked at my Endicott information and I don't have a death date for Joshua or Nancy Jane. There was several Joshua's and even more Samuel Endicotts. Will try to do a little research on them later and see what I can find. Feel free to give my name and e-mail to anyone who is doing any kind of research and I will try to help them.

I will be going in the hospital on Jul 21st for a knee replacement so I will be down for about 10 days (hopefully that will be all). I just want to be able to walk without limping and be able to go to the courthouses and libraries. The first few days are going to be rough but with God's help I can do it. Will let you know if I find any death days for Joshua and Nancy Jane.

Joyce

-----Original Message-----
From: Zandra Horn <zhorn58228@aol.com>
To: jhmcbr01@aol.com
Sent: Mon, 30 Jun 2008 9:27 pm
Subject: Horn Family

Joyce

Last week at the genealogy library I was talking with a friend of mine. She has family that lived in what was then Floyd County. She is tracing the Endicott, Fluty and Spaulding families. Her family left about 1827 and moved to IN and then settled for many years in MO. She is trying to trace the family that stayed in KY and WV. She had a family group sheet she wanted me to look at. It was the sheet for Joshua Endicott and wife Nancy Jane Horn. I said yes, that is part of my family, Nancy Jane was a half sister to my grandfather, Isaac Horn. Told her that I would print out some information for her, for the Endicott's and Horn's. So far we have

1953241_0000986

[redacted]

[redacted]

D.V.S.—Form 2

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every (MD) information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 PLACE OF DEATH (Dist. No. B.D.3) (To be inserted by local Registrar) Series No. 1

Division of Vital Statistics

West Virginia State Department of Health

County Mingo

District Kermit

or

Town or City Kermit No. St.;

CERTIFICATE OF DEATH

964 (For State Reg. use only)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Joshua Endicott

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (Write the word) Widower

6 DATE OF BIRTH Nov. 10 1837 (Month) (Day) (Year)

7 AGE 88 yrs. 2 mos. 7 ds. IF LESS than 1 day hrs or min?

8 OCCUPATION (a) Trade, profession or particular kind of work Farmer (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Lawrence Co Ky

PARENTS

10 NAME OF FATHER Sam Endicott

11 BIRTHPLACE OF FATHER (State or country) Va.

12 MAIDEN NAME OF MOTHER Nancy Jones

13 BIRTHPLACE OF MOTHER (State or country) Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm Endicott

(Address) Kermit W Va

15 Filed Jan 17, 1926 Amanda Meade REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 17 1926 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1926, to Jan 17 1926 that I last saw h. alive on Jan 12, 1926 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH was as follows;

(Primary) General Breakdown

(90) (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart trouble

(Duration) yrs. mos. 7 ds.

(Signed) R M Akers M.D.

Jan 17 1926 (Address) Kermit W Va

NOTE: State the Disease Causing Death. In deaths from Violent Causes, State Means of Injury; and whether Accidental, Suicidal, or Homicidal.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Sakuong Cemetery DATE OF BURIAL Jan 18 1926

20 UNDERTAKER Wm Endicott

ADDRESS Kermit W Va

FORM V. S. 1-0000. 3-20-18

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 8925

1 PLACE OF DEATH
County: Harlan
Vot. Pct.: Pinkey — Registration District No.: 181
Inc. Town: — Primary Registration District No.: 6909
City: — (No. — St., — Ward)
Registered No.: — (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME: Dorcas Hammonds

DELAY

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): —
6 DATE OF BIRTH: Jan 24th, 1874 (Month) (Day) (Year)
7 AGE: 42 yrs. 11 mos. 20 ds. — IF LESS than 1 day ... hrs. or ... min.?
8 OCCUPATION
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry business or establishment in which employed (or employer):
9 BIRTHPLACE (State or country): Ky

PARENTS
10 NAME OF FATHER: James Horn
11 BIRTHPLACE OF FATHER (State or country): Ky
12 MAIDEN NAME OF MOTHER: Jane Hor
13 BIRTHPLACE OF MOTHER (State or country): Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Harry Horn
(Address): Pinkey Ky
15 Filed: Jan 31, 1917 — M. C. Allen, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan 30th, 1917 (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1917, to Jan 29, 1917, that I last saw h... alive on ..., 191..., and that death occurred on the date stated above at ... m. The CAUSE OF DEATH* was as follows:
Left Pneumonia
(Duration) ... yrs. ... mos. 10 ds.
Contributory (Secondary): abortion
(Duration) ... yrs. ... mos. ... ds.
(Signed): J. R. Fairchild, M. D.
..., 191... (Address): Inez Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Hess Cemetery — DATE OF BURIAL: Jan 31, 1917
20 UNDERTAKER: None — ADDRESS:

11—3194

WRITE PLAINLY. THE INFORMATION MUST BE AS FULL AND EXACT AS POSSIBLE. ALL CONTINUED ANSWERS MUST BE EXACTLY. PRINTING IS REQUIRED. Medical cause of DEATH in plain terms, so that it may be understood by the layman. Consult physician and undertaker. Their cooperation is very important. See instructions on back of certificate.

SEND PERMANENT PINK SHEET TO THE REGISTRAR OF VITAL STATISTICS, FRANKFORT, KY.

Form V. S. 1—Rev—6-5-31

1 PLACE OF DEATH

County Martin

Vot. Pct. Turkey #9

Inc. Town

City (No. St. Ward)

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 1022

Primary Registration District No. 6644

File No. 2179

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Effie Hammons

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (Write the word)

6 DATE OF BIRTH: Dec (Month) 26 (Day) 1927 (Year)

7 AGE: yrs. mos. 7 ds.

If LESS than 1 day hrs. or min?

8 OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Martin Co Ky

PARENTS

10 NAME OF FATHER: Rosco Hammons

11 BIRTHPLACE OF FATHER (State or country): Martin Co Ky

12 MAIDEN NAME OF MOTHER: Washtie Horn

13 BIRTHPLACE OF MOTHER (State or country): Martin Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15 Filed 192 Lee Fairchild Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan (Month) 3 rd (Day) 1928 (Year)

17 I HEREBY CERTIFY, That I attended deceased from 192, to 192, that I last saw h. alive on 192, and that death occurred on the date stated above at m.

The CAUSE OF DEATH was as follows:

Cause Not Known

(Duration) yrs. mos. ds.

Contributory (Secondary) (Duration) yrs. mos. ds.

(Signed) J R Fairchild M. D.

192 (Address) Jones Ky

*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
at place of death yrs. mos. ds. in the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Home Cemetery

DATE OF BURIAL: 192

20 UNDERTAKER: Friends

ADDRESS: Cassidy Ky

11—5M

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

R. S.—Every item of information should be carefully supplied. AGE should be given EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. 96
Registrar's No. 18768

Registration District No. 1020 Primary Registration District No. 7182

1. PLACE OF DEATH:
(a) County: Martin
(b) City or town: Rural
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community: (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Ky. (b) County: Martin
(c) City or town: Rural
(If outside city or town limits, write RURAL)
(d) Street No.: No. 9
(If rural give precinct)
(e) If foreign born, how long in U. S. A.? years

DELAY

3(a) FULL NAME: Polly Hinkle
3(b) If veteran, Name war:
3(c) Social Security No.:
4. Sex: F
5. Color or race: W
6(a) Single, widowed, married, divorced: Widow
6(b) Name of husband or wife:
6(c) Age of husband or wife if alive: Years
7. Birth date of deceased: (Month) (Day) (Year)
8. AGE: Years: 78 Months: Days: If less than one day hr. min.
9. Birthplace: Ky
10. Usual occupation: Home - wife
11. Industry or business:
FATHER 12. Name: Harrison Jarrell
FATHER 13. Birthplace: Ky
MOTHER 14. Maiden name: Darcus Jarrell
MOTHER 15. Birthplace: Ky
16(a) Informant's own signature: Jim Hinkle
(b) Address: Calf Creek, Ky
17. BURIAL, CREMATION, OR REMOVAL
Place: Home cemetery Date: July 31 1943
18(a) Signature of funeral director:
(b) Address:
19(a) Aug. 6, 1943 (Date received by local registrar) (b) Victorea Dalton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 28 1943
21. I hereby certify that I attended the deceased from 19 to 19 , that I last saw him alive on 19 , and that death occurred on the date stated above at M.

Immediate cause of death	DURATION
Old age	
Due to: Heart failure	

Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operation:
Of autopsy:

22. If death was due to external cause, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur? In or about home, on farm, in industrial plant, in public place?
(Specify type of place)
While at work? (d) Nature of injury:
23. Signature: A. E. Evans M.D. (M. D. or other)
Address: Guy Eagle

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully completed. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

15754

State File No. 52

Registrar's No. 52

Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 1020 Primary Registration District No. 7182

1. PLACE OF DEATH:
(a) County Martin
(b) City or town Inez Ky (Rural) (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: Spurlock Hurley Creek (If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community ____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky. (b) County Martin
(c) City or town Rural (If outside city or town limits, write RURAL)
(d) Street No. No. 7 (If rural give precinct)
(e) If foreign born, ____ years

DELAY

3(a) FULL NAME Rosa (Horn) Hinkle
3(b) If veteran, Name war ____
3(c) Social Security No. ____
4. Sex F
5. Color or race W
6(a) Single, widowed, married, divorced Married
6(b) Name of husband or wife Melvin Hinkle
6(c) Age of husband or wife if alive ____ Years
7. Birth date of deceased (Month) (Day) (Year) Unknown
8. AGE: Years ____ Months ____ Days ____ If less than one day ____ hr. ____ min.
9. Birthplace ____
10. Usual occupation Housewife
11. Industry or business ____
FATHER 12. Name Michael Horn
FATHER 13. Birthplace ____
MOTHER 14. Maiden name Vashtie Harvey
MOTHER 15. Birthplace ____
16(a) Informant's own signature ____
(b) Address ____
17. BURIAL, CREMATION, OR REMOVAL Place Hurley Creek Date May 25, 1941
18(a) Signature of funeral director ____
(b) Address ____
19(a) June 6, 1941 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH May 23 1941
21. I hereby certify that I attended the deceased from ____ 19____ to ____ 19____ that I last saw h alive on ____ 19____ and that death occurred on the date stated above at ____ M.

Immediate cause of death	DURATION
Due to Heart Dropsey	
T. C.	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
Of autopsy ____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ____
(b) Date of occurrence ____
(c) Where did injury occur? In or about home, on farm, in industrial place in public place? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed ____

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH PEN AND INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully weighed. FADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully weighed. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. 6931
Registrar's No.

Registration District No. 1020 Primary Registration District No. 7181

1. PLACE OF DEATH:
(a) County Martin
(b) City or town Warfield (If outside city or town limits, write RURAL)
(c) Name of hospital or institution:
(If not in hospital or institution write street address or location)
(d) Length of stay: In hospital or community Life (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky (b) County Martin
(c) City or town Warfield Ky (If outside city or town limits, write RURAL)
(d) Street No.
(If rural give precinct)
(e) If foreign born, how long in U. S. A.? year

3(a) FULL NAME John B. Hobbs
3(b) If veteran, Name war ✓
3(c) Social Security No. ✓
4. Sex M 5. Color or race W 6(a) Single, widowed, married, divorced Married
6(b) Name of husband or wife Nara Thet
6(c) Age of husband or wife if alive 46 Years
7. Birth date of deceased June (Month) 19 (Day) 1863 (Year)
8. AGE: 84 Years 8 Months 16 Days If less than one day hr. min.
9. Birthplace Martin County
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name John Hobbs
13. Birthplace Ky.
MOTHER 14. Maiden name Margaret Hazn
15. Birthplace Martin County
16(a) Informant's own signature Mrs John B. Hobbs
(b) Address Warfield Ky
17. BURIAL, CREMATION, OR REMOVAL
Place Beauty Ky Date 3/7 1947
18(a) Signature of funeral director Jacob C Hurst
(b) Address Uney Ky
19(a) 3-7-47 (Date received by local registrar) (b) Doris Triplett (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH 3/5 1947
21. I hereby certify that I attended the deceased from 3/5 1947 to 3/5 1947 that I last saw him alive on 3/5 1947 and that death occurred on the date stated above at 6 P M.
Immediate cause of death Myocarditis
Failure
Due to Influenza
Other conditions
(Include pregnancy within 3 months of death)
DURATION 4 hours
Major findings:
Of operation
Of autopsy
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? In or about home, on farm, in industrial plant, in public place? (Specify type of place)
While at work? (d) Cause of injury
23. Signature E. P. Blair (M. D. or coroner)
Address Hermit Ky Date signed 3/7/47

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully considered, and all items should be printed EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registrar of Vital Statistics

Certified Copy

FORM V. S. 1-6000M.

Commonwealth of Kentucky

1 PLACE OF DEATH

County Martin

CERTIFICATE OF DEATH

File No. 13700

Vot. Pct. Big Elk Registration District No. 1951

Reg. No. 1

Tno. Town Primary Registration District No.

City (No. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lydia Hobbs

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) W

6 DATE OF BIRTH June 14 1836 (Month) (Day) (Year)

7 AGE 74 yrs. 10 mos. 13 ds.

IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Housewife (b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Martin Co. Ky.

PARENTS

10 NAME OF FATHER Sam Muncey

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER Sally Chapman

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Filed May 1 1915 Lindsey Salyers Registrar

21-6M4

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr. 27 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Apr. 23 1916 to Apr. 26 1916, that I last saw him alive on ..., and that death occurred on the date stated above at 11 P. m. The CAUSE OF DEATH was as follows:

Apoplexy

(Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) A. Hayes M. D.

4/28 1916 (Address) Warfield Ky.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL ..., 19..

20 UNDERTAKER

ADDRESS

I, Omar L. Greeman, Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of death of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 24 day of May, 1983.

155635

Fee Control Number

Omar L. Greeman

Omar L. Greeman, State Registrar

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 5103

1 PLACE OF DEATH
County Martin
Vot. Pct. Big Elk
Inc. Town
City (No. , St., Ward)

Registration District No. 6
Primary Registration Dist. No.
Registered No.
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 FULL NAME Virgie Hobb

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word)
6 DATE OF BIRTH: June 7th, 1912 (Month) (Day) (Year)
7 AGE: yrs. mos. 11 da.
If LESS than 1 day, hrs. or min.?
8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
9 BIRTHPLACE (State or country): Martin Co Ky

PARENTS
10 NAME OF FATHER: Hiram Hobb
11 BIRTHPLACE OF FATHER (State or country): Martin Co Ky
12 MAIDEN NAME OF MOTHER: Lucinda Dingus
13 BIRTHPLACE OF MOTHER (State or country): Martin Co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John D. Crum
(Address) Shinnston Rt. 1

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
(Month) (Day) 191 (Year)

17 I HEREBY CERTIFY, That I attended deceased from , 191 , to , 191 , that I last saw h alive on , 191 , and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

(Duration) yrs. mos. da.

Contributory (Secondary)
(Duration) yrs. mos. da.

(Signed) M. D.
191 (Address)

*Refer to Diseases Causing Death, or to Deaths from Violent Causes (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients on Record Residence)
At place of death yrs. mos. da. In the State yrs. mos. da.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL
DATE OF BURIAL

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 5103

1 PLACE OF DEATH
County Martin
Vot. Pct. Big Elk
Inc. Town
City (No. , St. , Ward)

Registration District No. 6
Primary Registration Dist. No.
Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 FULL NAME Virgie Hobb

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word)

6 DATE OF BIRTH: Dec. 26, 1912 (Month) (Day) (Year)

7 AGE: yrs. mos. 11 da.
If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Martin Co Ky

PARENTS
10 NAME OF FATHER: Hiram Hobb
11 BIRTHPLACE OF FATHER (State or country): Martin Co Ky
12 MAIDEN NAME OF MOTHER: Lucinda Virgin
13 BIRTHPLACE OF MOTHER (State or country): Martin Co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John D. Crum
(Address) Shiloh Route Hwy

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: (Month) (Day) 191 (Year)

17 I HEREBY CERTIFY, That I attended deceased from , 191 , to , 191 , that I last saw h alive on , 191 , and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

(Duration) yrs. mos. da.

Contributory (Secondary)
(Duration) yrs. mos. da.

(Signed) M. D.
, 191 (Address)

*Enter the Disease Causing Death, or Its Sequelae from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. da. In the State yrs. mos. da.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL
DATE OF BURIAL

Form V. S. 1-A—75m—9-30-32

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 28246

Registered No.

Registration District No. 1021

Primary Registration District No. 2185

1. PLACE OF DEATH

County Martin

Vot. Pct. Kermit

Inc. Town Kermit

City (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Ada Fan

(a) Residence. No. Kermit St., Ward

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 8 da. How long in U. S., if of foreign birth? yrs. mos. da.

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, with UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. Single, Married, Widowed or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hill Hamm

6. DATE OF BIRTH 1905

7. AGE 34 Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) 11/6

11. Total time (years) spent in this occupation 12 yr.

MOTHER/FATHER

12. BIRTHPLACE Martin Co Ky

13. NAME Tony Hobbs

14. BIRTHPLACE Martin Co Ky

15. MAIDEN NAME Creasy Dingus

16. BIRTHPLACE Martin Co Ky

17. INFORMANT Stillman Hamm

(Address) Kermit Ky

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date ....., 19..

19. UNDERTAKER .....

(Address) .....

20. FILED 12/6, 1939 Maud Ford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 11/7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1939 to Nov 7, 1939

I last saw ~~has~~ alive on Nov 7, 1939, death is said to have occurred on the date stated above, at 5-00 m. The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Nov 7 - 1939	
Coma	

Contributory causes of importance not related to principal cause:

Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify 3679

(Signed) A C Lewis M. D.

(Address) Kermit Ky

Registrar of Vital Statistics
Certified Copy

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

031451

FORM V.S. NO. 1-A
REV. 1-56
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILE NO. 116 60- 9011

REGISTRAR'S NO. 22

Registration District No. 1020 Primary Registration District No. 7181

1. PLACE OF DEATH
a. COUNTY: MARTIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): INEZ (RURAL)
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): TURKEY CREEK

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: KY.
b. COUNTY: MARTIN
c. CITY OR TOWN: INEZ
d. STREET ADDRESS:
IS RESIDENCE ON A FARM? YES [ ] NO [X]
IS RESIDENCE INSIDE CITY LIMITS? YES [ ] NO [X]

3. NAME OF DECEASED (Type or Print): a. (First) ARMINDA b. (Middle) HORN c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): APRIL 8, 1960

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Dec. 16 1861
9. AGE (In years last birthday): 99
If Under 1 Year: Months / Days / If Under 24 Hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Grundy, Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isaiah Hess
14. MOTHER'S MAIDEN NAME: Renia Ball

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT: James Horn Beauty, Ky.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Infirmities of age — INTERVAL BETWEEN ONSET AND DEATH: 5 years
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)
21b. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
21c. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21e. CITY, TOWN, OR LOCATION COUNTY STATE

22. I hereby certify that I ~~attended the deceased~~ investigated from ____, 19__, to ____, 19__, that I ~~last saw~~ Lic. saw the deceased alive ~~on~~ ____, 19__, and that death occurred ~~at~~ ____ m. from the causes and on the date stated above.

23a. DATE SIGNED: 4/8/60
23b. ADDRESS: Inez, Ky
23c. SIGNATURE: C C Callahan Martin Co. Ky

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/10/60
24c. NAME OF CEMETERY OR CREMATORY: Jarrell Cemetery
24d. LOCATION (City, town, or county) (State): Hode, Ky.

25a. DATE REC'D BY LOCAL REG.: April 12, 1960
25b. REGISTRAR'S SIGNATURE: Elizabeth W. Newberry
26. FUNERAL DIRECTOR: John B. Callahan
ADDRESS: Inez, Ky.

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

I, Sandra J. Davis, State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 1st day of March, 2002

Sandra J. Davis
Sandra J. Davis, State Registrar

U.S. PATENT NO.s 4227728 4265469 4310180 4227719 4210346 4341404 4351547

031451

Registrar of Vital Statistics
Certified Copy

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

031451

FORM V.S. NO. 1-A
REV. 1-56
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILE NO. 116 60- 9011
REGISTRAR'S NO. 22

Registration District No. 1020 Primary Registration District No. 7181

1. PLACE OF DEATH
a. COUNTY MARTIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) INEZ (RURAL)
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) TURKEY CREEK

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE KY.
b. COUNTY MARTIN
c. CITY OR TOWN INEZ
IS RESIDENCE ON A FARM? YES [X] NO [ ]
d. STREET ADDRESS
IS RESIDENCE INSIDE CITY LIMITS? YES [ ] NO [X]

3. NAME OF DECEASED (Type or Print) a. (First) ARMINDA b. (Middle) HORN c. (Last)
4. DATE OF DEATH (Month) APRIL (Day) 8 (Year) 1960
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Dec. 16 1861
9. AGE (In years last birthday) 99 If Under 1 Year: Months Days; If Under 24 Hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Grundy, Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Isaiah Hess
14. MOTHER'S MAIDEN NAME Renia Ball
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (Yes, no, or unknown) No none
16. SOCIAL SECURITY NO. none
17. INFORMANT James Horn Beauty, Ky.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Infirmities of age — INTERVAL BETWEEN ONSET AND DEATH: 5 years
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]
20. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)
21b. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
21c. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21e. CITY, TOWN, OR LOCATION COUNTY STATE

22. I hereby certify that I ~~attended the deceased~~ investigated from ____, 19__ to ____, 19__, that I ~~last saw~~ did not see the deceased alive on ____, 19__, and that death occurred at ____ m. from the causes and on the date stated above.

23a. DATE SIGNED 4/8/60
23b. ADDRESS Inez, Ky
23c. SIGNATURE C. C. Callahan Deputy Coroner Martin Co. Ky
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4/10/60
24c. NAME OF CEMETERY OR CREMATORY Jarrell Cemetery
24d. LOCATION (City, town, or county) (State) Hode, Ky.
25a. DATE REC'D BY LOCAL REG. April 12, 1960
25b. REGISTRAR'S SIGNATURE Elizabeth W. Newberry
26. FUNERAL DIRECTOR John B. Callahan
ADDRESS Inez, Ky.

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

I, Sandra J. Davis, State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 1st day of March, 20 02 KS

Form V. S. 1-300 R. 10-15-10

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6903

File No. 29373

Registered No. 19

1 PLACE OF DEATH
County Martin
Vot. Pct. Lebanon No. 3
Ins. Town
City (No. St. Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Clyde Horn

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word):
6 DATE OF BIRTH: June 26, 1910 (Month) (Day) (Year)
7 AGE: 1 yrs. mos. 1 ds. If LESS than 1 day hrs. or min.
8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry business, or establishment in which employed (or employer)
9 BIRTHPLACE (State or country): Kentucky

PARENTS
10 NAME OF FATHER: Allen Horn
11 BIRTHPLACE OF FATHER (State or country): Ky.
12 MAIDEN NAME OF MOTHER: Josie Jarrel
13 BIRTHPLACE OF MOTHER (State or country): Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
R. B. Horn

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov 27, 1911 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 20, 1911, to, 191..., that I last saw him alive on Nov 20, 1911, and that death occured, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:
Cerebro Meningitis
(Duration) yrs. mos. ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.
(Signed) J. R. Faughill, M. D.
Nov 27, 1911 (Address) Inez Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

(18) LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS or RECENT REMOVALS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?

Form V. S. 1 A
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. 52 24928 116-
Registrar's No. 55

Registration District No. 130 Primary Registration District X 4321

1. PLACE OF DEATH
a. COUNTY Brethitt
b. CITY OR TOWN Evanston
c. LENGTH OF STAY (In this place)
d. NAME OF HOSPITAL OR OTHER INSTITUTION Pocahontas Mine No. 1

2. USUAL RESIDENCE (Where deceased lived. If institution, real home before admission)
a. STATE Ky.
b. COUNTY Magoffin
c. CITY OR TOWN Salyersville
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Edgar b. (Middle) c. (Last) Horn

4. DATE OF DEATH (Month) (Day) (Year) Dec. 13, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug. 5, 1912
9. AGE (In years) (If under 1 year, Months Days) (If under 1 day, Hours Min.) 40
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Miner
10b. KIND OF BUSINESS OR INDUSTRY Coal
11. BIRTHPLACE (City or town, state or country) Grundy, Virginia
12. CITIZEN OF U.S.A.
13. FATHER'S NAME John Horn
14. MOTHER'S MAIDEN NAME Kate Spaulding
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) No.
16. SOCIAL SECURITY NO. 405-07-6332
17. INFORMANT (If not the decedent, state relationship) Gladys Horn

18. CAUSE OF DEATH (Enter only one cause per line for a., b., and c.)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) asphyxiation
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mine accident
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 9162-143-25
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g. home, farm, factory, street, office bldg.) Mine
21c. (CITY, TOWN OR TOWNSHIP) Evanston (COUNTY) Brethitt (STATE) Ky.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 13 1952 1/m
21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK? X
21f. HOW DID INJURY OCCUR? Mine fire ~~and explosion~~
Person alive only after death

22. I hereby certify that I attended the deceased from 19__ to 19__, that I last saw the deceased 8:30 A.M. on Dec 3, 1952 and that death occurred at 5 p.m., from the causes and on the date stated above.

23a. DATE SIGNED Dec 15 1952
23b. ADDRESS Evanston Ky.
23c. SIGNATURE Fred W. Bayer M.D. (Degree or title)

24a. BURIAL, CREMATION, REMOVAL, Specify Burial
24b. DATE 12-16-52
24c. NAME OF CEMETERY OR CREMATORY Horn Cemetery
24d. LOCATION (City, town, or county) Inez (State) Ky.

25a. DATE RECD. BY LOCAL REG. 1-5-53
25b. REGISTRAR'S SIGNATURE Gladys H. Callaham
26. FUNERAL DIRECTOR C. C. Callaham
ADDRESS Inez, Ky.

00000 2503

COMMONWEALTH OF KENTUCKY

DEPARTMENT FOR HUMAN RESOURCES, Frankfort, Ky. REGISTRAR OF VITAL STATISTICS

No. 277696

CERTIFIED PHOTOSTATIC COPY OF

DEATH RECORD

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 2809

Registered No.

Registration District No. 1022

Primary Registration District No. 0244

1. PLACE OF DEATH

County: Martin

Vot. Pct.: Precinct #9

Inc. Town:

City:

(No. St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME: Frances Horn

(a) Residence. No. Only Reg St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. WHETHER MARRIED, WIDOWED, OR DIVORCED (Write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Isaac Horn
6. DATE OF BIRTH
7. AGE: Years: 50 Months: Days:
If LESS than 1 day, hours or minutes
8. TRADE, PROFESSION, OR TECHNICAL KIND OF WORK DONE, as spinner, weaver, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
10. Date foreman last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE: Martin Co Ky
13. NAME: George Williams
14. BIRTHPLACE: Ky
15. MAIDEN NAME: Lydia Hamond
16. BIRTHPLACE: Ky
17. INFORMANT
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Place Date ,19
19. UNDERTAKER: Tennille Funeral Home
(Address): Inez Ky
20. FILED Aug 18 ,76 Lee Fitzpatrick
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 16 76

I HEREBY CERTIFY, That I attended the deceased from [illegible] to [illegible], and that I last saw her alive on [illegible] to have occurred on the date stated above, at [illegible]
The principal cause of death and related causes of importance is shown as follows, viz.:

	Interval between onset and death
Acute bronchitis	
3 to 10 hours	
Contributory causes of importance not relating to principal cause:	

Place of injury
Was injury accidental, suicidal, or homicidal? Date of injury
Where did injury occur?
(Specify whether inside dwelling, on farm, in factory, on public highway, in mine, or in public place.)
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
Attended ,19 to ,19
(Signature) M.D.
(Address)

I, Omar L. Greeman, State Registrar, hereby certify the above to be a true photostatic copy of the original death certificate of the person therein named.

Signed, and seal of the State Department for Human Resources affixed this 15 day of May, 1978.

Omar L. Greeman
Omar L. Greeman, State Registrar

COMMONWEALTH OF KENTUCKY

DEPARTMENT FOR HUMAN RESOURCES, Frankfort, Ky. REGISTRAR OF VITAL STATISTICS

No. 277692

CERTIFIED PHOTOSTATIC COPY OF

DEATH RECORD

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2809

File No.
Registered No.

Registration District No. 1022
Primary Registration District No. 1044

1. PLACE OF DEATH
County: Martin
Vot. Pct.: Tarkey #9
Inc. Town:
City:
(No. St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME: Frances Hom
(a) Residence: No. Only Ky St. Ward
(If nonresident, give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Isaac Hom
6. DATE OF BIRTH
7. AGE: Years 50 Months Days Hours Min.
If LESS than 1 day: Min. Sec.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
10. Date deceased last worked at this occupation: Month and year
11. Total time (years) spent in this occupation
12. BIRTHPLACE: Martin Co Ky
13. NAME: George Williams
14. BIRTHPLACE: Ky
15. MAIDEN NAME: Lydia Hamond
16. BIRTHPLACE: Ky
17. INFORMANT
Address:
18. BURIAL, CREMATION, OR REMOVAL
Place: Date: 19
19. UNDERTAKER: Mc Kinley F. Tolliver
Address: Only Ky
20. FILED: Aug 18 1926 Lee Trivette
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Aug 16 1926
22. I HEREBY CERTIFY, THAT I ATTENDED THE DECEASED FROM: Nov 1st 1926 to Aug 16 1926
I last saw him alive on: Aug 16 1926
Death is said to have occurred on the date stated above, at: Only Ky
The principal cause of death and related causes of importance were as follows, to the best of my knowledge and belief:
Death Cause
Cerebral Hemorrhage
Contributory causes of importance and relation to principal cause:
Date of operation: Date of
Was autopsy performed necessary? Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury: 19
Where did injury occur?
(Specify not of town, county, and state; specify whether injury occurred in industry, on farm, or in public place.)
Nature of injury:
How did it happen:
24. Was disease in body or any part related to occupation of deceased? If so, state:
(Signed) M. D.
(Address)

I, Omar L. Greeman, State Registrar, hereby certify the above to be a true photostatic copy of the original death certificate of the person therein named.

Signed, and seal of the State Department for Human Resources affixed this 15 day of May, 1978.

Omar L. Greeman
Omar L. Greeman, State Registrar

COMMONWEALTH OF KENTUCKY

DEPARTMENT FOR HUMAN RESOURCES, Frankfort, Ky. REGISTRAR OF VITAL STATISTICS

No. 096136

CERTIFIED PHOTOSTATIC COPY OF

DEATH RECORD

Form V. S. 1-1
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. ____
Registrar's No. 9601

Registration District No. 120 Primary Registration District No. ____

1. PLACE OF DEATH:
(a) County ____
(b) City or town ____ (If outside city or town limits, write RURAL)
(c) Name of hospital or institution ____ (If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community ____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State ____ (b) County ____
(c) City or town ____ (If outside city or town limits, write RURAL)
(d) Street No. ____ (If rural give precinct)
(e) If foreign born, how long in U. S. A.? ____

3(a) FULL NAME ____
3(b) If veteran, Name war ____ No. ____
3(c) Social Security No. ____
4. Sex M 5. Color or race W 6(a) Single, widowed, married, divorced ____
5(b) Name of husband or wife ____
5(c) Age of husband or wife if alive ____ Years
7. Birth date of deceased ____ (Month) (Day) (Year)
8. AGE: Years ____ Months ____ Days ____ If less than one day ____
9. Birthplace ____
10. Usual occupation ____
11. Industry or business ____
FATHER 12. Name ____
13. Birthplace ____
MOTHER 14. Maiden name ____
15. Birthplace ____
16(a) Informant's own signature ____
(b) Address ____
17. BURIAL, CREMATION, OR REMOVAL
Place ____ Date ____ 19__
18(a) Signature of funeral director ____
(b) Address ____
19(a) ____ (b) ____
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH ____ 19__
21. I hereby certify that I attended the deceased from ____ 19__ to ____ 19__ that I last saw it alive on ____ 19__ and that death occurred on the date stated above at ____ M.
Immediate cause of death ____ DURATION
Due to ____
Other conditions ____ (Include pregnancy within 3 months of death)
Major findings:
Of operations ____
Of autopsy ____
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ____
(b) Date of occurrence ____
(c) Where did injury occur? In or about home, on farm, in industrial place in public place? ____ (Specify type of place)
While at work? ____ (d) Means of injury ____
23. Signature ____ (M. D. or other)
Address ____ Date signed ____

I, Omar L. Greeman, State Registrar, hereby certify the above to be a true photostatic copy of the original death certificate of the person therein named.

Signed, and seal of the State Department for Human Resources affixed this 9 day of June, 1978.

Omar L. Greeman
Omar L. Greeman, State Registrar

1983742_0002985

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
VS-002

WEST VIRGINIA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

5946

Dist. No. 230 Serial No. 137

P. O.

Res.

Vet.

S. S. No.

1. Place of Death Logan
(a) County
(b) Magisterial District Logan
(c) City or town Logan
(If outside city or town limits, write RURAL and give town)
(d) Address Logan Gen Hosp
(Street address, hospital, or institution)
(e) Length of stay in hospital or inst. (yrs., mos., or days)
(f) Length of stay in this community (yrs., mos., or days)

2. Home (Usual Residence) of Deceased:
(a) State W. Va. (b) County Logan
(c) City or town Stirrat W. Va.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years.

Sex

3 (a) Full Name Fredy Horn

3 (b) If veteran, name war

3 (c) Social Security No.

Col.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

C. C.

6 (b) Name of husband or wife Ida Mae Perry
6 (c) If alive, give age 22 years

Occ.

7. Birth date of deceased (mo., day, yr.) Dec 17 1918

8. Age Years 25 | Months 4 | Days 2 | If less than one day hr. min.

B. P.

9. Birthplace Wayne Co.
(Town, county, and state)

10. Usual occupation Coal Miner

Cause

11. Industry or business

Con't.

Father
12. Name Harrison Horn
13. Birthplace Ky.

Mother
14. Maiden Name Nancy Samons
15. Birthplace Wayne Co.

C. E.

16 (a) Informant's signature Ida Mae Perry
(b) Address Stirrat W. Va.

Acc.

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-21-44 (month) (day) (year)
(c) Cemetery or crematory Williamson Cem
Location Wayne Co.

18 (a) Funeral director (signature) Harris Funeral Home
(b) Address Logan W. Va.
Fr. Dir. License No. 158 Embalmers No. 358

19. Filed 5-10 1944 Mrs Charles Alexander Registrar

MEDICAL CERTIFICATION

20. Date of death Apr 19 1944, at 3 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/16/44 19, to 4/19 19 44 and that I last saw him alive on 4/19 1944

Immediate cause of death Cerebral bleeding — Duration

Due to: Skull

Due to: fracture

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If external causes contributed to the death fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. Stinson M. D. or other
Address Logan W. Va. Date signed 4-24-44

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Form V. S. 1-A—50m—11-1-29

1 PLACE OF DEATH

County Martin

Vot. Pct. Eden #3

Inc. Town

City

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 1022

Primary Registration District No. 2220

DELAYED

10614

File No.

Registrar's No.

(No. ____ St., ____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George Horn

(a) Residence. No. ____ St., ____ Ward
(Usual place of abode)
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., If of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed or Divorced (write the word): Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rosa Horn

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 42 | Months | Days | If LESS than 1 day ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Martin Co Ky

MOTHER FATHER

13. NAME John Horn

14. BIRTHPLACE (city or town) (State or country) Martin Co Ky

15. MAIDEN NAME Justice

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Horn Cem Date March 22, 1931

19. UNDERTAKER (Address) Friends

20. FILED ____, 19__ Lee Fairchild
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month, day, and year) March 19th 1931, 19__

22. I HEREBY CERTIFY, That I attended deceased from Bad health, 19 Last Aug, 19__
I last saw h alive on ____, 19__
to have occurred on the date stated above, at ____ m.
The principal cause of death and related causes of importance in chronological order were as follows:

	Date of onset
Bad health	
Hospital diag Renal	

Contributory causes of importance not related to principal cause:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19__
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) J T Marshall, M. D.

(Address) Inez Ky

N. B.—WRITE PLAINLY, with INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully verified before being entered. Also CAUSE OF DEATH in plain language, so that it may be stated EXACTLY. PHYSICIANS should be careful in filling out the "Medical Certificate." Exact statement of OCCUPATION is very important, for statistics.

MARGIN RESERVED FOR BINDING

71-11-11

Form V. S. 1-A

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. 53-21340
116-33
Registrar's No.

Registration District No. 1020 Primary Registration District No. 7181

1. PLACE OF DEATH
a. COUNTY: Martin
b. CITY OR TOWN: Inez (Rural)
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE: Ky
b. COUNTY: Martin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Inez
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)
a. (First): HENRY
b. (Middle): HORN
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Sept 27 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10-16-1881
9. AGE (In years last birthday): 71 | If Under 1 Year: Months | Days | If Under 24 Hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Inez, Ky
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Edward Horn
14. MOTHER'S MAIDEN NAME: Armenta Ball
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or Unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 405-07-6377
17. INFORMANT: James Horn

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Bronchial Asthma — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Mitral Regurgitation — 8 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 241X-066-28
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1947, 1947 to Sept 25, 1953, that I last saw the deceased alive on Sept 25, 1953, and that death occurred at 11 A m., from the causes and on the date stated above.

23a. DATE SIGNED: 10-2-53
23b. ADDRESS: Inez
23c. SIGNATURE (Degree or title): [illegible] M.D.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/24/53
24c. NAME OF CEMETERY OR CREMATORY: Horn Cemetery
24d. LOCATION (City, town, or county) (State): Inez, Ky
25a. DATE REC'D BY LOCAL REG.: Oct. 5, 1953
25b. REGISTRAR'S SIGNATURE: Elizabeth W. Newberry
26. FUNERAL DIRECTOR: C. A. Callahan — ADDRESS: Inez, Ky.

01414 (24)

DEATH

1878

Martin

DEATHS.

Name of Deceased	Color (white, black, or mulatto)	Age	Sex	Condition (single, married, or widowed)	Occupation	Date of Death	Cause of Death	Place of birth	Residence	Place of Death	Names of Parents	Birth-place of Father	Birth-place of Mother	Remarks
Agnetta Harris	White	5 Mo	female	married	farmer	May 26th 1878	Lung abscess	Rich Co Ky	Martin Co Ky	Martin Co Ky	Robert Hill & Mary Hill	Ky & Va	Va & Va	
George H. Evans	"	1 month	male	single		July 9th 1878	Croup	Martin " "	" " "	" " "	Wright Evans & Elizabeth Evans	Ky & Va	Va & Ky	
Sarah Boling	"	23 years	female	married	farmer	Sept 26th 1878	Consumption	Ky " "	" " "	" " "	John Davis & Nancy Davis		Ky	Germantown
G. W. Davis	"	15 months	Ky	single		August 5th 1878	Fever	" " "	" " "	" " "	Reuben & Charlotte Davis	Rich Co "	Martin " "	
W. P. Mullins	"	19 "	male	"		January 6th 1878	"	" " "	" " "	" " "	James & Lucinda Mullins	John " "	Morgan " "	
Charlotte Bolin	"	23 years	female	married	farmer	November 9th 1878	Consumption	Lawrence " "	" " "	" " "	Samuel Stanley	Ky & Va	Ky & Va	
Infant	"	3 days	male	single		July 1878	not known	Martin " "	" " "	" " "	Isaac & Ella Evans	" "	Germany " "	
J. H. Spaulding	"	20 years	"	married	farmer	October 9th 1878	Accident	Morgan " Va	" " "	" " "	Jackson & Malinda Spaulding	not known	not known	not known
Marion Jones	"	18 "	female	"	farmer	December 16th 1878	fever	Martin " "	" " "	" " "	Thomas & Nancy Slaty	Ky & Va	Ky & Va	
Joseph Slaty	"	21 "	male	single	"	September 15th 1878	Disease of the stomach	Johnson Co Ky	" " "	" " "	Elias & Margaret Slaty	Rich Co Ky	Germany	
J. W. Pergue	"	10 days	"	"		December 5th 1878	Croup	Martin Co Ky	" " "	" " "	James & Mary A. Pergue	Va & Va	" "	
Francis Richardson	"	20 months	female	"		March 1878	Whooping cough	" " "	" " "	" " "	Allen & Sarah Richardson	Germany	Ky "	
Cora Justice	"	[illegible]	"	"		January 1878	" "	" " "	" " "	" " "	Alfred & Mary Justice	" "	Johnson " "	
W. H. Mills	"	8 years	male	"		October 23th 1878	Lake head	" " "	" " "	" " "	John D. & Sarah Mills	Ky & Va	" "	
One more	"	1 hour	female	"		May 1878	not known	" " "	" " "	" " "	Abner & Jane Williamson	Germany	" "	
David Eldridge	"	50 years	male	married	farmer	November 10th 1878	" "	not known	" " "	" " "	not known	not known	not known	
James Hinkley	"	6 months	"	single		January 14th 1878	Croup "	Martin Co Ky	" " "	" " "	W. B. & Nancy Hinkley	Ky & Va	Ky & Va	
One more	"	6 days	"	"		July 1878	not known	" " "	" " "	" " "	James & Leonard Slaty	John Co Ky	John Co Ky	
Helen Boling	"	18 months	female	"		October 12th 1878	whooping cough	Rich " "	" " "	" " "	Henley & Lydia Boling	Va & Va	Va & Germany	
H. C. Hess	"	3 years	"	single	farmer	February 28th 1878	fever	Martin " "	" " "	" " "	Reuben & Nancy Hess	Germany	Morgan " "	
Lucy Young	"	2 "	male	"		September 1878	not known	Morgan Co Va	" " "	" " "	Samuel & Leonard Young	" "	" "	
Robert Hogan	"		"	married	farmer									

State of Kentucky }
County of Martin } set

I, J. P. Kirk Clerk of the Martin County Court do certify that the foregoing is a true copy of the Deaths as returned to me by the assessors of Martin County for the year 1878, given under my hand this 21 day of May 1879

J. P. Kirk Co Ck

WEST VIRGINIA DIVISION OF CULTURE AND HISTORY

Death Record Detail... View the record image (1115 Kb)

Name:	Hezekiah/Horn
Sex:	Male
Death Date:	16Jan1960
Death Place:	Huntington, Cabell Co., West Virginia
Age at Death:	45y 2m 5d
Burial Place:	
Burial Date:	
Cemetery:	
Funeral Home:	
Birth Date:	
Birth Place:	
Marital Status:	D
Spouse:	
Occupation:	Laborer/NCD
Address:	
Residence:	
Mother:	Sarah/Chaffin
Mother's Birth Place:	
Father:	George/Horn
Father's Birth Place:	
Informant:	

Records maintained by West Virginia Archives & History
For Research Purposes Only

West Virginia Division of Culture and History

COMMONWEALTH OF KENTUCKY

...MENT FOR HUMAN RESOURCES, Frankfort, Ky. REGISTRAR OF VITAL STATISTICS

No. 31393

CERTIFIED PHOTOSTATIC COPY OF

DEATH RECORD

FORM V.S. NO. 1-A
REV. 1-59
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILE NO. 116 62 25996
REGISTRAR'S NO. 38

Registration District No. 1020 Primary Registration District No. 7151

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE
b. COUNTY Letcher
c. CITY OR TOWN
d. STREET ADDRESS
IS RESIDENCE ON A FARM? YES ☐ NO ☒
IS RESIDENCE INSIDE CITY LIMITS? YES ☐ NO ☒

3. NAME OF DECEASED (Type or Print) a. (First) Isaac b. (Middle) c. (Last) Ison
4. DATE OF DEATH (Month) Nov. (Day) 30, (Year) 1962
5. SEX
6. COLOR OR RACE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 18, 1878
9. AGE (In years last birthday) If Under 1 Year: Months Days If Under 24 Hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or Foreign Country) Carl Green, Va.
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Carl Ison
14. MOTHER'S MAIDEN NAME Mary Ison
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give War or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Wife, Inez, Ky.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 1 Week
Conditions, if any, which gave rise to above cause, (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a).
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)
21b. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
21c. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21e. CITY, TOWN, OR LOCATION COUNTY STATE

22. I hereby certify that I attended the deceased from 19 to 19 that I last saw the deceased alive on 19 and that death occurred at 12 m. on the date stated above.
23a. DATE SIGNED 11-21-62
23b. ADDRESS Inez, Ky.
23c. SIGNATURE John B. Collins Coroner
24a. BURIAL, CREMATION, REMOVAL (specify) Burial
24b. DATE 11-2-62
24c. NAME OF CEMETERY OR CREMATORY Rowe Cem.
24d. LOCATION (City, town, or county) (State)
24e. FUNERAL DIRECTOR John E. Webb ADDRESS Inez
25a. DATE REC'D BY LOCAL REG. 12-3-62
25b. REGISTRAR'S SIGNATURE Elizabeth M. Mackey

I, Omar L. Greeman, State Registrar, hereby certify the above to be a true photostatic copy of the original death certificate of the person therein named.

Signed, and seal of the State Department for Human Resources affixed this 12 day of Aug, 1975.

Omar L. Greeman
Omar L. Greeman, State Registrar

1953907_0002072

D. V. S.—Form 2

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (Dist. No. 2321) Series No. 287 (TO BE INSERTED BY LOCAL REGISTRAR)

Division of Vital Statistics

County: Logan

West Virginia State Department of Health

District: Logan

CERTIFICATE OF DEATH

14029 (FOR STATE REG. USE ONLY)

Town or City: Omar, W.Va. No. ..... St., ... Ward

(IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

2. FULL NAME: Jackson H. Horn.

(a) Residence. No. 543 Pine Omar, W.Va. St., ... Ward.

(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... days. How long in U. S. A., if of foreign birth? ..... yrs. ..... mos. ..... days.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED Husband of (or) Wife of: Ruby Eberhart

6. DATE OF BIRTH (month, day, and year): Jan. 15. 1910

7. AGE: Years 23 | Months 8 | Days 16 | If LESS than day, ... hrs. or ..... min.

OCCUPATION

8. TRADE PROFESSION or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Brakeman

9. INDUSTRY OR BUSINESS, in which work was done, as silk mill, saw mill, bank, etc.: Coal Mine

10. DATE DECEASED LAST WORKED at this occupation (month and year) .....

11. TOTAL TIME (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or County): Martin Co Inez, Ky

FATHER

13. NAME: Simon Horn

14. BIRTHPLACE (city or town) (State or Country): Martin Co Inez, Ky

MOTHER

15. MAIDEN NAME: Rebecca Hensley

16. BIRTHPLACE (City or Town) (State or Country): Martin Co Inez, Ky

17. INFORMANT: Mrs Ruby Horn (Address) Omar, W.Va.

18. BURIAL, CREMATION, OR REMOVAL: Place: Calf Creek, Ky (State) Oct. 4th. 1935

19. UNDERTAKER (Signature) Harris Funeral Home (Address) Logan, W.Va. License No. 358

20. FILED Nov. 10, 1935 Margaret Lamb Registrar.

MEDICAL CERTIFICATION OF DEATH

21. DATE OF DEATH (month, day and year): Oct. 1st. 1935

22. I HEREBY CERTIFY, That I attended deceased from 19 Dead when seen last saw alive on ..... 19....., death is said to have occurred on the date stated above, at 6 p m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Fracture, Skull	10-1-35
Multiple Fracture Ribs	
Fracture Left Femur	

Contributory causes of importance not related to principal cause: 194-111

Name of operation ..... Date of .....

What test confirmed diagnosis? .....

Was there an autopsy? .....

23. If death was due to external causes, fill in also the following

(Check) Accident—Suicide—Homicide? Date of injury 10-1 1935

Where did injury occur? Omar, Logan Co. W.Va. (Specify City or Town, County, and State)

Check whether injury occurred in industry, home, public place

Manner of injury: Crushed by Slate Fall

Nature of injury: Same as Cause of Death

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify: Killed while at work

(Signed) Clark Kessel, M.D.

(Address) Omar, W.Va.

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 23 93064

Registered No. 6101

1 PLACE OF DEATH
County: Marion
Tot. Dist.: Nine Flock Registration District No. 61-01
Inc. Town: ..... Primary Registration District No. .....
City: ..... (No. ..... St., ... Ward)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME: James Hern

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): ....

6 DATE OF BIRTH: March (Month) 4 (Day), 1845 (Year)

7 AGE: 71 yrs. 5 mos. 12 ds.
IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Hardin County Ky

PARENTS
10 NAME OF FATHER: Unknown
11 BIRTHPLACE OF FATHER (State or country): Kentucky
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (State or country): .....

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Mrs. S. B. Edrington
(Address): R.D. Rolgnania Court

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Sept (Month) 22 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1917, to Sept 22, 1917, that I last saw him alive on Sept 21, 1917, and that death occurred on the date stated above at 8 a.m. The CAUSE OF DEATH* was as follows:
Nephritis
(Duration) ? yrs. 4 mos. — ds.
Contributory (SECONDARY): Gastritis
(Duration) ..... yrs. 2 mos. ..... ds.
(Signed) E. H. Muller, M. D.
9-22, 1917. (Address) Vine Grove

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Mt. Pleasant
DATE OF BURIAL: 9-22-17

You searched for **James E. Horn** in **Ohio** from **0 - 1995**

Ohio Deaths, 1908-1932, 1938-1944, and 1958-2002

James E Horn

18 Jan 1934

Kentucky

United States

Male

White

Not Hispanic

22 Sep 1998

4:30 AM

Long-Term Care Facilities

Cleveland

Cuyahoga

069820

64

Physician

Other/Nursing Home

234-48-0817

Horn

Blankenship

Divorced

3

No

Construction

Roofers

1036

1801

Form V. S. 1—15m—8-22-27

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 3658

Registered No.

1 PLACE OF DEATH

County Martin

Vot. Pct. Turkey #9

Registration District No. 1022

Ins. Town

Primary Registration District No. 6644

City (No. St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jennie Horn

(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (Write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH June 27 (Month) (Day) 1879 (Year)

7 AGE 49 yrs. 5 mos. 20 ds.

If LESS than 1 day hrs. or min?

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (city or town) (State or country) Martin Co. Ky

PARENTS

10 NAME OF FATHER John Mills

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ky

12 MAIDEN NAME OF MOTHER Betsy Farrell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ky

14 (Informant)
(Address)

15 Filed 19 Sue Fairchild Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 17th (Month) (Day) 1929 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Prevent Cons to Jan 16th 1929, that I last saw h alive on 19, and that death occurred on the date stated above at m.

The CAUSE OF DEATH* was as follows:

Bubly Lobar Pneumonia and Flu

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

18 WHERE WAS DISEASE CONTRACTED
If not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) J R Fairchild, M. D.
19 (Address) Jones Ky

*State the Disease Causing Death, or if death from Violent Causes, state (1) Means and nature of injury; and (B) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Home Cemetry

DATE OF BURIAL 19

20 UNDERTAKER Friends

ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—Every item of information sheets be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

956 1 0000 0974

Form V. S. 1-A
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

DELAY

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 27888
Registrar's No.

Registration District No. 1020 Primary Registration District No. 7181

1. PLACE OF DEATH
a. COUNTY Martin
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warfield
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE Kentucky b. COUNTY Martin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Warfield
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) c. (Last) Horn
4. DATE OF DEATH (Month) (Day) (Year) Jan. 28 1946
5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan. 16, 1863
9. AGE (In years last birthday) 83 If Under 1 Year: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sawyer
10b. KIND OF BUSINESS OR INDUSTRY Lumber
11. BIRTHPLACE (State or foreign country) Kentucky
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME James Horn
14. MOTHER'S MAIDEN NAME Jane Hobbs
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT William Horn

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Enlarged Heart Hypertension — INTERVAL BETWEEN ONSET AND DEATH 6 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Unknown
DUE TO (c) Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. age

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 1946 *to* Jan. 28, 1946, *that I last saw the deceased alive on* Jan. 26, 1946, *and that death occurred at* 10 a.m., *from the causes and on the date stated above.*

23a. DATE SIGNED Jan. 18, 1949
23b. ADDRESS Lemont Va
23c. SIGNATURE E. Jones (Degree or title) MD

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 30. 46
24c. NAME OF CEMETERY OR CREAMATORY Chapman
24d. LOCATION (City, town, or county) (State) Martin Ky

25a. DATE REC'D BY LOCAL REG. 6-18-49
25b. REGISTRAR'S SIGNATURE Doris Triplett
26. FUNERAL DIRECTOR Tine Garrett ADDRESS Crum, Va.

1953679_0002528

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D. V. 6—Form 2

1. PLACE OF DEATH (Dist. No. 0631) Series No. 506 (TO BE INSERTED BY LOCAL REGISTRAR)

Division of Vital Statistics

County CABELL

West Virginia State Department of Health

District GIDEON

CERTIFICATE OF DEATH

11491 (FOR STATE REG. USE ONLY)

Town or City HUNTINGTON

No. CITY HOSPITAL St., Ward (IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

2. FULL NAME JASPER HORN

(a) Residence. No. EIGHTH AVE. St., Ward. (USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S. A., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE

4. COLOR OR RACE: WHITE

5. Single, Married, Widowed, or Divorced (write the word): MARRIED

5a. IF MARRIED, WIDOWED, OR DIVORCED Husband of (or) Wife of: JOSEPHENE HORN

6. DATE OF BIRTH (month, day, and year): OCT. 6th. 1883.

7. AGE: Years 47 Months 11 Days 24 If LESS than 1 day, hrs. or min.

OCCUPATION

8. TRADE, PROFESSION, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: LABORER

9. INDUSTRY OR BUSINESS, in which work was done, as silk mill, saw mill, bank, etc.

10. DATE DECEASED LAST WORKED at this occupation (month and year)

11. TOTAL TIME (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or Country): KENTUCKY

FATHER

13. NAME: WILLIAM HORN

14. BIRTHPLACE (City or Town) (State or Country): KY.

MOTHER

15. MAIDEN NAME: LUCINDA JARRELL.

16. BIRTHPLACE (City or Town) (State or Country): WAYNE CO. W.VA.

17. INFORMANT (Address): M.P.BRANHAM. BLUEFIELD. W.VA.

18. BURIAL, CREMATION, OR REMOVAL Place: GLEN HAYES. W.VA. Date: 10/2 1931.

19. UNDERTAKER (Address): M.E.PIGNER HUNTINGTON. W.VA.

20. FILED Oct 5, 1931 Lucie D. Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): SEPT 30th. 31.

22. I HEREBY CERTIFY, That I attended deceased from 19..., to 19..., I last saw him alive on SEPT. 30th. 19 31, death is said to have occurred on the date stated above, at 3:00 P m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
CIRRHOSIS OF THE LIVER	
124	
Contributory causes of importance not related to principal cause:	

Name of operation Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury 19...

Where did injury occur? (Specify City or Town, County, and State)

Check whether injury occurred in industry home public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A.P. Gibson, M. D.

(Address)

Registrar of Vital Statistics
Certified Copy

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

031448

FORM V.S. NO. 1-A
REV. 1-56
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILE NO. 116 62 23728
REGISTRAR'S NO. 31

Registration District No. 1020 Primary Registration District No. 2320

1. PLACE OF DEATH
a. COUNTY: Martin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Inez, Kentucky
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Ky.
b. COUNTY: Martin
c. CITY OR TOWN: Inez
IS RESIDENCE ON A FARM? YES [X] NO [ ]
d. STREET ADDRESS:
IS RESIDENCE INSIDE CITY LIMITS? YES [ ] NO [ ]

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) c. (Last) Horn
4. DATE OF DEATH (Month) 10 (Day) 4 (Year) 62
5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 3/30/1872
9. AGE (In years last birthday): 90 If Under 1 Year: Months Days If Under 24 Hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Martin Co.
12. CITIZEN OF WHAT COUNTRY? US USA
13. FATHER'S NAME: Fred Horn
14. MOTHER'S MAIDEN NAME: Mary Jarrell
15. WAS DECEASED (Yes, no, or unknown): yes
EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT: Gladys Allen

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 6 Days
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. 443X
DUE TO (b) Hypertensive Heart Disease
DUE TO (c) Arteriosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)
21b. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
21c. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21e. CITY, TOWN, OR LOCATION COUNTY STATE

22. I hereby certify that I attended the deceased from Sept 1, 1962 to Oct 4, 1962 that I last saw the deceased alive on Oct 4, 1962 and that death occurred at 10 m., from the causes and on the date stated above.

23a. DATE SIGNED: 10-5-62
23b. ADDRESS: Inez, Ky
23c. SIGNATURE: [illegible] (Degree or title)

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/6/62
24c. NAME OF CEMETERY OR CREMATORY: Horn Family Cemetery
24d. LOCATION (City, town, or county) (State): Inez, Kentucky

25a. DATE REC'D BY LOCAL REG.: 10/5/62
25b. REGISTRAR'S SIGNATURE: Elizabeth W. Newberry
26. FUNERAL DIRECTOR: John B. Collins ADDRESS

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

I, Sandra J. Davis, State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 1st day of March, 20 02 ~~19~~

Sandra J. Davis
Sandra J. Davis, State Registrar

U.S. PATENT NO s 4227720 4265469 4318100 4227719 4218348 4341404 4251547

031449

Registrar of Vital Statistics
Certified Copy

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

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Form V. S. 1—50m—10-22-25

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 2034
Registered No.

1 PLACE OF DEATH

County Martin
Vot. Pct. Turkey #9 Registration District No. 1022
Inc. Town Primary Registration District No. 66 44
City (No. St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Horn

(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male
4 COLOR OR RACE white
5 ~~Single~~ Married ✗ ~~Widowed~~ or Divorced (Write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH Dec 21st 1853 (Month) (Day) (Year)

7 AGE 74 yrs. 1 mos. ds. IF LESS than 1 day hrs. or min?

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (city or town) (State or country) Martin Co

PARENTS
10 NAME OF FATHER James Horn Sr
11 BIRTHPLACE OF FATHER (city or town) (State or country) Martin Co
12 MAIDEN NAME OF MOTHER Jane Mullens
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Martin Co

14 (Informant) George Horn
(Address) Inez Ky

15 Filed Jan 24 1927 Sue Fairchild Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 21st 1927 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 1926, to June 1927, that I last saw him alive on June 1927, and that death occurred on the date stated above at m. The CAUSE OF DEATH* was as follows:

T. B. of Lungs

(Duration) 1 yrs. 6 mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

18 WHERE WAS DISEASE CONTRACTED if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) J. H. Fairchild, M. D.
, 19 (Address) Inez Ky

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and nature of injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Home Cemetery
DATE OF BURIAL Jan 23 1927
20 UNDERTAKER Friends
ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

I, Sandra J. Davis, State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 28th day of Feb, 20 02 16

Sandra J. Davis
Sandra J. Davis, State Registrar

U.S. PATENT NOS. 4227720 4265489 4318180 4227715 4219346 4341404 4351587

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5549

File No. 42
Registered No. 42

Registration District No. 1020
Primary Registration District No. 1182

1. PLACE OF DEATH
County: Martin
Vot. Pct.: Rural
Ins. Town:
City: (No. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME: John Hoon — IF VETERAN, WHAT WAR?
(b) Residence: No. Inez Ky St. Ward (If nonresident, give city or town and State)
Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. Single, Married, Widowed or Divorced (write the word): married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Kate Hoon
6. DATE OF BIRTH: Aug 17 - 1875
7. AGE: Years 65 Months 7 Days If LESS than 1 day, hrs. min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Railroading
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: "
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE: Martin Co.

FATHER
13. NAME: Fred Hoon
14. BIRTHPLACE: Martin Co.

MOTHER
15. MAIDEN NAME: Mary Jarrell
16. BIRTHPLACE: Martin Co.

17. INFORMANT
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Place: Inez Cemetery Date: Feb. 20 1941
19. UNDERTAKER: Hoon
(Address)
20. FILED: Mar. 4 1941 Delbert Dalton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Feb. 18 1941
22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1941, to 19..
I last saw him alive on Feb. 18, 1941, death in said to have occurred on the date stated above, at 4 p.m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Heart Dropsy	
Dropsy Side	
Contributory causes of importance not related to principal cause:	

Name of operation: — Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? date of injury? 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place:
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify
(Signed) W. Hurd, M. D.
(Address) Inez Ky

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—This is a PERMANENT RECORD. Every line of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

380

Page No. 23

SCHEDULE 3.—Persons who Died during the Year ending 1st June, 1860, in _____ in the County of Lawrence State of Kentucky, enumerated by me, P. L. Burns Ass't Marshal.

Name of every person who died during the year ending 1st June, 1860, whose usual place of abode at the time of death was in this family.	Description: Age	Sex	Color (W. black, M. mulatto)	Free or slave.	Married or widowed.	Place of birth, Naming the State, Territory, or Country.	The month in which the person died.	Profession, occupation, or trade.	Disease or cause of death.	Number of days ill.
1	2	3	4	5	6	7	8	9	10	11
1 Wm Blackhouse	84	M	W	F	W	Pennsylvania	April	Farmer	Lung fever ✓	8
2 Thomas Mosey	61	M	W	F	M	Virginia	July	Farmer	Liver complaint ✓	60
3 Jesse Mitchell	48	M	W	F	M	do	June	do	Dropsy ✓	365 –
4 King William Infant son of D.		M	W	F		Kentucky	July		not known ✓	3
5 Hannah Rice	7/12	M	W	F		do	Jan		Croup ✓	7
6 Isaac Hurley	2	M	W	F		do	Sept		Inflamation of Brain	21
7 Mary Job	19	F	W	F	M	do	Feb	Housekeeper	Cold ✓	365 –
8 Rosanna Infant of same	1/12	F	W	F		do	May		croup ✓	3
9 David Thompson	1/12	M	W	F		do	March		do ✓	3
10 Frank Infant of same	1/12	M	W	F		do	do		do ✓	8
11 Elizabeth Peck	88	F	W	F		Virginia	Feb		Old age ✓	4
12 Valentine Bowhouse	1/12	M	W	F		Kentucky	Sept		Croup ✓	4
13 Margaret Hewlett	1/12	F	W	F		do	April		not known ✓	3
14 John Price	6	M	W	F		do	do		Inflamation of lungs	5 –
15 Matthias Horn	83	F	W	F		Tennessee	March		Not known ✓	180
16 Mary Blanchard	18	F	W	F		Virginia	July		Murdered ✓	Sudden
17 Elijah Blanchard	14	M	W	F		do	do		do ✓	do
18 Mary Mills	2	F	W	F		do	Jan		Not Known ✓	15 –
19 Malinda Coffey	25	F	W	F	M	do	July	Housekeeper	Fever ✓	15 –
20 Mary C. Davenport	1	F	W	F		Kentucky	June		croup ✓	7
21										
22										
23										
24										
25										

I Pleasant Burns, Assistant Marshal for the division of Lawrence County Kentucky, do certify that the true copy of Schedule 3. was well and truly made and taken by me according to the tenor of my oath of office.

Given under my hand this 12th 1860.

P. L. Burns ass't

Total number of deaths 20	No. of white males _____	No. of black males _____	No. of mulatto males _____	Total male slaves _____	No. of married _____
	No. of white females _____	No. of black females _____	No. of mulatto females _____	Total female slaves _____	No. of widowed _____

Remarks:

SNDX	----NAME----	SEX	BIR	AGE	MON	CAUSE	OCCUPATION
H524	HENCLE, Margaret	F	KY	01MO	APR	UNKNOWN	
H524	HENSLEY, Isaac	M	KY	02	SEP	BRAININFLA	
H650	HORN, Katherine	F	TN	85	MAR	UNKNOWN	
J250	JACKSON, Nancy	F	KY	03	SEP	ERYSIPELAS	
J100	JOB, Mary	F	KY	19	FEB	COLD	Housewife
J232	JUSTICE, Ureah	M	KY	05	APR	FEVER	
K400	KELLY, Fredarick	M	VA	60	FEB	DROPSY	Farmer
K200	KISE, Chancy C.	M	NY	45	MAR	CONSUMPTIO	Farmer
M624	MARSHALL, Sarah	F	VA	02	MAR	CROUP	
M420	MILLS, Mary	F	VA	02	JAN	UNKNOWN	
M324	MITCHELL, James	M	VA	48	JUN	DROPSY	Farmer
M600	MOORE, William	M	KY	01	JUN	CROUP	
M500	MUNEY, Skidmore	M	VA	61	JUL	LIVERCOMPL	Farmer
N425	NELSON, Amanuel	M	KY	27	JUN	CONSUMPTIO	Farmer
O662	OROARK, Thomas J.	M	OH	01	SEP	CROUP	
P200	PACK, Elizabeth	F	VA	84	FEB	OLD AGE	
P200	PACK, Jane	F	VA	20	JUN	CONSUMPTIO	Housewife
P520	PENIX, John	M	KY	06	APR	LUNGINFLAM	
P623	PRESTON, Arthur W.	M	KY	09	JAN	FEVER	
R210	RIGSBY, William	M	KY	21	MAR	CONSUMPTIO	Farm Laborer
S630	SHERT, Elizabeth	F	KY	09	JAN	DROPSY	

Mortality Schedule

HORN, KATHERINE	LAWRENCE CO.	KY	85	F	MAR	TN	UNKNOWN	000	1860
HORN, L.D.	OSBORNE CO.	KS	9	M	MAR	US	MEASLES	00	1880
HORN, LEONRA	OTOE CO.	NE	10	F	OCT	NE	DIPHTHERIA	00	1880
HORN, LEVI	BUCKS CO.	PA	44	M	MAR	PA	HEPATITIS	01	1870
HORN, LEVI E.	YORK CO.	PA	17	M	JUN	PA	BRIGHTS DIS	00	1880
HORN, LIMO	JACKSON CO.	FL	40	M	FEB	OH	PNEUMONIA	000	1870
HORN, LOUISA	DALLAS CO.	TX	29	F	MAY	AL	CONSUMPTION	00	1860
HORN, LUCY	RANDOLPH CO.	GA	34	F	NG	GA	UNKNOWN	00	1850
HORN, M. C.	WESTMORELAND CO.	PA	9	M	JUL	PA	JAUNDICE	00	1860
HORN, MARANDA	OTOE CO.	NE	1	F	MAR	NE	SCARLET FE	00	1870
HORN, MARGARET	JACKSON CO.	FL	22	F	MAR	FL	FEVER	000	1880
HORN, MARGRET	ROSS CO.	OH	6MO	F	SEP	OH	UNKNOWN	00	1850
HORN, MARIA E.	HAMPSHIRE CO.	WV	8	F	JUL	VA	FLUX	00	1850
HORN, MARY	DAVIDSON CO.	TN	40	F	DEC	IR	COMPLICATI	000	1860
HORN, MARY	WYANDOTTE CO.	KS	NONE	F	JAN	KS	STILLBORN	00	1880
HORN, MARY	DAVIS CO.	KS	6M	F	AUG	KS	UNKNOWN	00	1880
HORN, MARY	SCHUYLKILL CO.	PA	27	F	MAY	PA	CONSUMPTION	03	1870
HORN, MARY	WARREN CO.	PA	80	F	JUL	PA	RHEUMATISN	90	1870
HORN, MARY -BLACK-	FRANKLIN CO.	FL	32	F	FEB	FL	MENINGITIS	054	1870
HORN, MARY D.	HARRIS CO.	GA	1	F	AUG	GA	UNKNOWN	00	1850
HORN, MARY JANE	WASHINGTON CO.	PA	24	F	AUG	PA	CONSUMPTION	00	1870
HORN, MARY S.	DALLAS CO.	TX	9M	F	AUG	TX	FLUX	00	1860
HORN, MARY SUSAN	MACKINAC CO.	MI	1M	F	JUL	MI	UNKNOWN	00	1850
HORN, MATILDA	COLUMBIA CO.	FL	41	F	APR	SC	WOMBDISEAS	000	1860
HORN, NANCY E.	CALEDONIA CO.	VT	18	F	MAY	VT		00	1850
HORN, NANCY J.	TALLAHATCHIE CO.	MS	1	F	JUL	MS	BRAIN DIS	00	1860
HORN, NANCY S.	LEAKE CO.	MS	32	F	MAY	AL	PNEUMONIA	00	1860
HORN, NICHOLAS	WASHINGTON CO.	PA	65	M	JUN	US	APOPLEXY	01	1880
HORN, ODILIE X	HOLMES CO.	MS	4M	M	FEB	MS	PNEUMONIA	00	1880
HORN, PETER	HAMILTON CO.	OH	9MO	M	JUL	OH	CHOLERA	00	1850
HORN, PETER	NEW CASTLE CO.	DE	35	M	JUL	NE	HERNIA	45	1850
HORN, PETER	FAIRFIELD CO.	CT	6M	M	MAR	CT	CHOLERA	00	1870
HORN, PHILIP	LANCASTER CO.	PA	47	M	FEB	GR	HYDROTHORAX	187	1870
HORN, PHILIP	LANCASTER CO.	PA	47	M	FEB	GR	HYDROTHORAX	187	1870
HORN, POLLY	PUTNAM CO.	IN	37	F	AUG	NY	CONSUMPTION	00	1850
HORN, POTER -BLACK-	JACKSON CO.	FL	61	M	MAY	NC	HEARTDISEA	009	1870
HORN, R.	DAVIDSON CO.	TN	2	F	AUG	TN	BILS FEVER	00	1850
HORN, REBECCA C.	WASHINGTON CO.	PA	43	F	JUL	OH	LIVER CA	90	1880
HORN, S.D.	OSBORNE CO.	KS	3	F	MAR	US	MEASLES	00	1880
HORN, SALLIE	DELAWARE CO.	PA	1	F	JUN	PA	TEETHING	00	1870
HORN, SAMUEL	ARMSTRONG CO.	PA	11	M	FEB	PA	SCARLET FVR	00	1870
HORN, SAMUEL*	WARREN CO.	PA	80	M	APR	PA	PARALYSIS	00	1880
HORN, SARAH	BERKS CO.	PA	2	F	AUG	PA	SCARLET FVR	00	1870
HORN, SARAH L.	COLLIN CO.	TX	10M	F	OCT	TX	FEVER	00	1850
HORN, SEBRINA	WASHINGTON CO.	VT	2	F	SEP	VT		00	1850
HORN, SUSANNAH	KNOX CO.	OH	17	F	MAY	PA	CONSUMPTION	00	1850
HORN, THOMAS	SCHUYLKILL CO.	PA	20	M	MAR	PA	LUNG INFLA	49	1870
HORN, THOMAS	GREENUP CO.	KY	02WE	M	MAR	KY	INFLUENZA	000	1860
HORN, W.W.	WHITE CO.	AR	35	M	AUG	SC	UNKNOWN	00	1860
HORN, WILLIAM	DALLAS CO.	TX	53	M	OCT	TN	FLUX	00	1860
HORN, WILLIAM	WASHINGTON CO.	VT	29	M	SEP	VT		44	1860
HORN, WILLIAM T.	HAMPSHIRE CO.	WV	1	M	AUG	VA	FLUX	00	1850
HORN, WILLIE	SUMNER CO.	KS	7	M	MAY	IL	INFL BRAIN	00	1880
HORN, WILLIE E.	SABINE CO.	TX	02	M	JUN	GA	BRAINDISEA	000	1870
HORN, WILY	CARROLL CO.	TN	40	M	NOV	NC	DROWNED	000	1860
HORNADY, CHRISTIAN	HENDRICKS CO.	IN	21	M	NOV	IN	RHEUMATISM	01	1850
HORNAKER, ELIZABETH F.	OWEN CO.	KY	05	F		KY		000	1860
HORNBACK, AMANDA	PULASKI CO.	IN	1	F	AUG	IN	FITS	00	1850
HORNBACK, GEORGE W.	WOOD CO.	WV	4M	M	JUN	VA	LUNG FEVER	00	1860
HORNBACK, JAMES	HANCOCK CO.	IN	56	M	APR	KY	CONSUMPTION	21	1850

HOUK, MARY
HOUK, NASH
HOUK, REUBEN
HOUK, REUBEN
HOUK, ROBERT X
HOUKS, MARY
HOULD, ARCHILLE
HOULD, EVA
HOULE, DELPHINE*
HOULE, DELPHINE*
HOULE, DELPHINE*
HOULE, STEPHEN*
HOULE, STEPHEN*
HOULE, STEPHEN*
HOULSHAN, MARY
HOULT, GEORGE W.
HOULT, JOHN
HOULTON, CREIGHTON
HOULY, JOSEPH R.*
HOULY, JOSEPH R.*
HOULY, JOSEPH R.*
HOUNDIFLE, ERNSTINE
HOUNTY, LORENZO
HOUP, EMANUEL
HOUP, EMANUEL
HOUP, JOHN
HOUPT, ANNA
HOUPT, HENRY
HOUPT, MOSES
HOUR, HALLIS
HOUR, WILLIAM H.
HOURBS, JAMES NEGRO
HOURBS, SARAH NEGRO
HOURD, HENRY
HOURD, MARY
HOURD, SUSAN
HOURE, SARAH
HOURES, EMMA
HOURES, OLLIE
HOURIGAN, BRIDGET
HOURIGAN, JOHN G.
HOURIGAN, JOHN G.
HOURIGAN, THOMAS
HOURMAN, ALBERT
HOURNEY, JOHN
HOURTON, COLUMBUS
HOURY, FANNIE X
HOUS, AMON
HOUSAL, MARY M.
HOUSDEN, ALBERT
HOUSE, ADAM
HOUSE, AMANDA
HOUSE, ANDREW
HOUSE, ANDREW
HOUSE, ANDREW
HOUSE, ARCHEY
HOUSE, ARTHUR X
HOUSE, C.C.
HOUSE, CAROLINE
HOUSE, CATHERINE

HORNBACK, SARAH E.	HARDIN CO.	KY	14	F	JAN	KY	SCROFULA	000	1860
HORNBAKE, HARRY	WASHINGTON CO.	PA	64	M	JUN	PA	SCALDED	24	1880
HORNBARGER, AMANDA V.	WASHINGTON CO.	TN	3	F	JUL	TN	FEVER	00	1850
HORNBARGER, FRANCIS W.	VAN BUREN CO.	AR	65	F	APR	TN	PNEUMONIA	00	1870
HORNBEAK, J.	WEAKLEY CO.	TN	67	M	JUN	TN	PNEUMONIA	01	1850
HORNBEC, MARION	BARTON CO.	KS	1	M	NOV	KS	SPINAL FVR	00	1880
HORNBECK, EDWIN F.	PRATT CO.	KS	13	M	SEP	NG	CONSUMPTION	00	1880
HORNBECK, FRANK	WESTMORELAND CO.	PA	7	M	OCT	PA	DIPHTHERIA	00	1880
HORNBECK, H. NEGRO	BULLITT CO.	KY	2	M	JUN	KY	CROUP	144	1860
HORNBECK, JOHN	MONTGOMERY CO.	KS	2	M	MAR	IA	WHOOPG CGH	22	1880
HORNBECK, NANCY	UNION CO.	OH	3	F	MAR	OH	SCARLET FVR	00	1850
HORNBERGER, ABNER	SNYDER CO.	PA	79	M	APR	PA	DROPSY	00	1880
HORNBERGER, CATHERINE	PHILADELPHIA CO.	PA	1	F	MAR	PA	BRONCHITIS	00	1870
HORNBERGER, CATHERINE	PHILADELPHIA CO.	PA	1	F	MAR	PA	BRONCHITIS	00	1870
HORNBERGER, CHARLES	LANCASTER CO.	PA	2	M	DEC	PA	SCARLET FVR	00	1870
HORNBERGER, CHARLES	LANCASTER CO.	PA	2	M	DEC	PA	SCARLET FVR	00	1870
HORNBERGER, ISAAC	LANCASTER CO.	PA	62	M	MAR	PA	CONSUMPTION	00	1870
HORNBERGER, ISAAC	LANCASTER CO.	PA	62	M	MAR	PA	CONSUMPTION	00	1870
HORNBERGER, RAABER*	SCHUYLKILL CO.	PA	3	F	MAR	PA	SCARLET FVR	00	1870
HORNBERGER, SAMUEL	SCHUYLKILL CO.	PA	2	M	JAN	PA	DIARRHEA	00	1880
HORNBERGER, SARAH ANN	BERKS CO.	PA	20	F	NOV	PA	CONSUMPTION	00	1870
HORNBROOK, CHARLES F.	MARSHALL CO.	WV	1	M	SEP	VA	FLUX	00	1850
HORNBROOK, THOMAS	OHIO CO.	WV	65	M	OCT	EN	HEART EDMA	14	1880
HORNBROOKS, DANIEL	WASHINGTON CO.	VT	20	M	MAR	VT		01	1860
HORNBUCK, DANIEL	LARUE CO.	KY	78	M	NOV	VA	PNEUMONIA	001	1860
HORNBUCK, ELAM P.	VANDERBURGH CO.	IN	1	M	SEP	IN	LUNG FVR	00	1850
HORNBUCK, H. C.	LARUE CO.	KY	01MO	F	JAN	KY	UNKNOWN	000	1860
HORNBUCK, M. W.	LARUE CO.	KY	02	F	NOV	KY	SCARLETFEV	000	1860
HORNBUCK, MARGARET A.	LARUE CO.	KY	23	F	FEB	KY	BRAININFLA	000	1860
HORNBUCK, R. J.	LARUE CO.	KY	03	F	NOV	KY	SCARLETFEV	000	1860

HOUSE, CATHERINE
HOUSE, CHARLES L.
HOUSE, CLARISSA X
HOUSE, CLEMENT W.
HOUSE, CORNELIA
HOUSE, CORNELIA X
HOUSE, D. GEMSON
HOUSE, DAVID
HOUSE, EDGAR
HOUSE, ELANSON
HOUSE, ELANSON
HOUSE, ELANSON
HOUSE, ELIZABETH
HOUSE, ELIZABETH
HOUSE, ELIZABETH
HOUSE, ELIZABETH
HOUSE, ELIZABETH
HOUSE, ELIZABETH
HOUSE, ELLENOR
HOUSE, FRANCIS X
HOUSE, FRANK P.
HOUSE, FRED
HOUSE, GEORGE L.
HOUSE, HESTER
HOUSE, HILLARY
HOUSE, IDELLE X
HOUSE, INFANT
HOUSE, INFANT X
HOUSE, INFANT OF W.J.J
HOUSE, J.M.

1983809_0001266

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

VS-002 (6-1-45)

WEST VIRGINIA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

STEPPE

Dist. No. 300 Serial No. 152 7257

P. D. / Res. / Vet. / S.S. No. / Sex / Col. / C. C. / Occ. / B. P. / Cause / Con't. / C. E. / Acc.

1. Place of Death:
(a) County Mingo
(b) Magisterial District Hernshaw
(c) City or town ~~Kermit~~ Grey Eagle (If outside city or town limits, write RURAL and give town)
(d) Address (Street address, hospital, or institution)
(e) Length of stay in hospital or inst. (yrs., mos., or days) W
(f) Length of stay in this community (yrs., mos., or days)

2. Home (Usual Residence) of Deceased:
(a) State W. Va. (b) County MINGO
(c) City or town ~~Kermit~~ Grey Eagle (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) Full Name Larry Jackson Horn

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17, 1943.

8. Age Years 3 Months 1 Days 5 If less than one day hr. min.

9. Birthplace Kermit, W. Va. (Town, county, and state)

10. Usual occupation

11. Industry or business

Father
12. Name Luther Horn
13. Birthplace Kermit W. Va.

Mother
14. Maiden Name Philista Perry
15. Birthplace Williamson W. Va.

16 (a) Informant's signature Luther Horn
(b) Address Kermit W. Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24, 46. (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Warfield Ky.

18 (a) Funeral director (signature) M. T. Rale Jr.
(b) Address Williamson W. Va.
Fr. Dir. License No. 492 Embalmers No. 988

19. Filed June 27 1946 Selina S. Rales Registrar.

MEDICAL CERTIFICATION

20. Date of death June 22 1946 at 8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dead 19 when 19 and that I last saw him alive on Brought 19 to my office

Immediate cause of death Hit by automobile

Operation

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If external causes contributed to the death fill in the following:
(a) Accident, suicide, or homicide Hit by automobile
(b) Date of occurrence June 22 1946
(c) Where did injury occur? Grey Eagle (City) (County) (State)
(d) Did injury occur about home, on farm, industrial place, or public place? Grey Eagle (Specify type of place) While at work? no
(e) Means of injury Hit by automobile

23. Signature E. L. Steppe M. D. or other
Address Kermit W. Va. Date signed 6/24/46

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Form V S 1-0000 5-09-13

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 23 1929

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

County Martin

Vet. Plot Big Elk

Registration District No. 6901

Inc. Town .....

Primary Registration District No. 1

City ..... (No. ..... St., ... Ward)

2 FULL NAME Laura Horn

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) M

6 DATE OF BIRTH April 25, 1875 (Month) (Day) (Year)

7 AGE 41 yrs. 10 mos. 15 ds. If LESS than 1 day ... hrs. or ... min.

8 OCCUPATION (a) Trade, profession, or particular kind of work Housewife (b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Martin Co. Ky

PARENTS

10 NAME OF FATHER James Miller

11 BIRTHPLACE OF FATHER (State or country) Martin Co. Ky

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

15 Filed 3/23, 1917 Lutisha Hayes Registrar

11—5194

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 23, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 10, 1917, to March 23, 1917, that I last saw h. alive on March 22, 1917, and that death occurred on the date stated above at 5 a.m. The CAUSE OF DEATH was as follows:

Abscess of Parotid Gland

(Duration) ... yrs. ... mos. 14 ds.

Contributory (Secondary) ..... (Duration) ... yrs. ... mos. ... ds.

(Signed) J. Hart M. D.

3/23, 1917 (Address) Warfield Ky.

18 If Due to Injury Give Date of Injury, Place and Nature of Injury

19 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Martin Co. Ky

DATE OF BURIAL 3/24 1917

20 UNDERTAKER

ADDRESS

WRITE PLAINLY. BIRTH INFORMATION MUST BE COMPLETE. SEX—THIS IS A PERMANENT RECORD

E. B.—Every blank of information should be carefully completed. Age should be stated in years, months and days. Occupation should be stated fully. Place of death should mean CAUSE OF DEATH, place herein, so that it may be properly classified. Place of occupation is very important. See instructions on back of certificate.

BARGE REQUIRED FOR MINERS

COMMONWEALTH OF KENTUCKY

DEPARTMENT FOR HUMAN RESOURCES, Frankfort, Ky. REGISTRAR OF VITAL STATISTICS

No. 296185

CERTIFIED PHOTOSTATIC COPY OF

DEATH RECORD

Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 16535
Registrar's No. 106

Registration District No. 1020 Primary Registration District No. 7181

1. PLACE OF DEATH:
(a) County Martin
(b) City or town Rural (P.O. Inez, Ky) (If outside city or town limits, write RURAL)
(c) Name of hospital or institution (If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community over 80 years. (years, months, or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kentucky (b) County Martin
(c) City or town Rural (P.O. Inez, Ky) (If outside city or town limits, write RURAL)
(d) Street No. Eden Voting Precinct, Inez, (If rural give precinct)
(e) If foreign born, how long in U. S. A.? years

3(a) Usual occupation Housewife
3(b) Kind of business or industry
3(c) Social Security No.
4. Sex Fem. 5. Color or race Wh 6(a) Single, widowed, married, divorced Widowed
3(d) If veteran, Name war
3(b) Name of husband or wife
3(c) Age of husband or wife if alive Years
7. Birth date of deceased June 10 1851 (Month) (Day) (Year)
8. AGE: Years 93 Months 9 Days 7 If less than one day hr. min.
9. Birthplace Wayne County, W. Va.
10. Usual occupation Housewife 7
11. Industry or business
FATHER 12. Name Harrison Jarrell
13. Birthplace Wayne Co. W. Va.
MOTHER 14. Maiden name Dorcas Maynard
15. Birthplace Floyd Co. Ky.
16(a) Informant's own signature Vashti Cassady
(b) Address Inez, Ky.
17. BURIAL, CREMATION, OR REMOVAL
Place Inez (Lick Branch) Date 18 1945
18(a) Signature of funeral director R. Williams
(b) Address Inez, Ky.
(Date received by local registrar) (b) Signature of registrar

MEDICAL CERTIFICATION
20. DATE OF DEATH March 17, 1945.
21. I hereby certify that I attended the deceased from to (have not seen her for over a year) and that death occurred on the date stated above at 3.45 A. M.
Immediate cause of death Myocardial degeneration. Duration
Due to Excessive old age
Other conditions Senile dementia over 10 yrs (Include pregnancy within 3 months of death)
Major findings: Of operations None 93D-163A
Of autopsy None
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? (Specify type of place)
(d) Nature of injury
(e) Manner of injury
(f) Place of injury (St., Co. or other)
(g) Date of injury Mar. 26 '45
Wm. W. Keith M.D.
Address Inez, Ky.

I, Omar L. Greeman, State Registrar, hereby certify the above to be a true photostatic copy of the original death certificate of the person therein named.

Signed, and seal of the State Department for Human Resources affixed this 9 day of June, 1978.

Omar L. Greeman
Omar L. Greeman, State Registrar

Registrar of Vital Statistics
Certified Copy

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

030456

Form V. S. 1-A—50m—6-17-31

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13000

File No. _____

Registered No. _____

Registration District No. 1022

Primary Registration District No. 6644

1. PLACE OF DEATH

County Martin

Vot. Pct. Turkey #9

Inc. Town _____

City _____ (No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Minerva Horn

(a) Residence. No. _____ St., _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed or Divorced (write the word):

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH —

7. AGE: Years 84 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE Ky

FATHER

13. NAME Harrison Jarell

14. BIRTHPLACE Ky

MOTHER

15. MAIDEN NAME Dorcas Maynard

16. BIRTHPLACE Ky

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Turkey Cem. Date July 15, 1934

19. UNDERTAKER Family & Friends
(Address) Inez Ky

20. FILED July 20, 1934 Sue Fairchild Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 14th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Natural, 19__ to _____, 19__
I last saw h__ alive on _____, 19__, death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Valvular heart Lesion	

Contributory causes of importance not related to principal cause:

Senility

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ date of injury _____ 19__
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) J R Fairchild, M. D.
(Address) Inez Ky

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

I, Sandra J. Davis, State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 28th day of Feb, 2002. KG

Sandra J. Davis
Sandra J. Davis, State Registrar

U.S. PATENT NO's 4227720 4265465 4310180 4227719 4210346 4241404 4351547

030425

1953612_0001039

D. V. S. Form 2

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (Dist. No. 3071) Series No. 42 (TO BE INSERTED BY LOCAL REGISTRAR)

Division of Vital Statistics

County Mingo

West Virginia State Department of Health

District

CERTIFICATE OF DEATH

4021 (FOR STATE REG. USE ONLY)

Town or City Williamson No. Memorial Hosp. Ward (IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

2. FULL NAME Minnie Horn

(a) Residence. No. Beauty - Ky St., Ward. (USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S. A., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. IF MARRIED, WIDOWED, OR DIVORCED: (b) Husband of (or) Wife of

6. DATE OF BIRTH (month, day, and year): Dec 29 - 1928

7. AGE: Years 2 Months 2 Days 26 If LESS than 1 day, hrs. or min.

OCCUPATION:

8. TRADE, PROFESSION, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. INDUSTRY OR BUSINESS, in which work was done, as silk mill, saw mill, bank, etc.

10. DATE DECEASED LAST WORKED at this occupation (month and year)

11. TOTAL TIME (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or Country) W. Va

FATHER:

13. NAME Mathew Horn

14. BIRTHPLACE (City or Town) (State or Country) Martin Co Ky

MOTHER:

15. MAIDEN NAME Alice Hindle

16. BIRTHPLACE (City or Town) (State or Country) Martin Co Ky

17. INFORMANT (Address) Mathew Horn Beauty Ky

18. BURIAL, CREMATION, OR REMOVAL. Place Martin Co. Ky Date 3-26, 1931

19. UNDERTAKER (Address) W. C. Nazinson Williamson W Va

20. FILED 4 7, 1931 Kelly Deyfield Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-25 1931

22. I HEREBY CERTIFY, That I attended deceased from 3-21 1931, to 3-25 1931. I last saw her alive on 3-25 1931, death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of importance in order of onset were as follows:

Burns.

181

Date of onset

Contributory causes of importance not related to principal cause:

Name of operation None Date of

What test confirmed diagnosis? Clinically

Was there an autopsy? No

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of Injury 19

Where did injury occur? Hemlysville Pike Co Ky (Specify City or Town, County, and State)

Check whether Injury occurred in Industry home public place

Manner of injury Clothes Caught fire

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased? No, specify

(Signed) T. J. Crowley, M. D.

(Address) Williamson W Va

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22256

File No. 37

Registered No. 37

Registration District No. 1020

Primary Registration District No. 2182

1. PLACE OF DEATH

County: Martin

Vot. Pct.: Turkey No. 2

Inc. Town:

City: (No. St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME: Mona Hall IF VETERAN, WHAT WAR?

(a) Residence, No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. How long in U. S., if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. Single, Married, Widowed or Divorced (write the word): Married
6. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH: April 9 1945
7. AGE: Years | Months: 4 | Days | If LESS than 1 day hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, cooper, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
10. Time devoted last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE: Martin Co

FATHER
13. NAME: Edgar L. Hall
14. BIRTHPLACE: Grundy Va.

MOTHER
15. MAIDEN NAME: Gladys Jarrell
16. BIRTHPLACE: Ky

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date, 19

19. UNDERTAKER
(Address)

20. FILED Oct. 3, 1940 Dalbert Dalton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. 4, 1940

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19
I last saw h alive on , 19, death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Jaundice	
Contributory causes of importance not related to principal cause:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. Ford, M. D.
(Address) Kenny Ky

N. B. WRITE PLAINLY, WITH UNFADING INK—This is a PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in such terms as will clearly be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

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03304

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

VS-002 (6-1-48)

WEST VIRGINIA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Hosp. Dr. Burian

Dist. No. 300 Serial No. 3314

P. D.

Res.

Vet.

S.S. No.

Sex

Col.

C. C.

Occ.

B. P.

Cause

Con't.

C. E.

Acc.

1. Place of Death:
(a) County Mingo
(b) Magisterial District Williamson Dist
(c) City or town Williamson
(If outside city or town limits, write RURAL and give town)
(d) Address Memorial Hosp. 50
(Street address, hospital, or institution)
(e) Length of stay in hospital or inst. (yrs., mos., or days)
(f) Length of stay in this community (yrs., mos., or days)

2. Home (Usual Residence) of Deceased:
(a) State Ky (b) County Pike
(c) City or town Goody
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) Full Name Myrtle Horn
3. (b) If Veteran, name war
3 (c) Social Security No.
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Geld Horn
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 20, 1892
8. Age Years 55 Months 1 Days 17 If less than one day hr. min.
9. Birthplace Grey Ky
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
Father
12. Name William Fluty
13. Birthplace Grey Ky
Mother
14. Maiden Name Charlotte Price
15. Birthplace Richardson Ky
16 (a) Informant's signature Geld Horn
(b) Address Goody Ky
17 (a) Burial (b) Date thereof 3-10-47
(Burial, cremation, or removal) (month) (day) year)
(c) Cemetery or crematory Fluty
Location Cassidy Ky
18 (a) Funeral director (signature) Fuller
(b) Address Williamson W Va
Fr. Dir. License No. 12 Embalmers No. 681
19. Filed Mar 31 1947 Selma J Lake
Registrar.

MEDICAL CERTIFICATION

20. Date of death March 7 1947 at M.
21. I certify that death occurred on the date above stated; that I attended deceased Mar 1 1947, to Mar 6 1947
and that I last saw him alive on Mar 6 1947

Immediate cause of death	Duration
Myocarditis	12 hrs
Toxemia following	
Due to Cholecystectomy for Gallstones	4 days
Due to Gallstones	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If external causes contributed to the death fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature J J Burian M. D. or other
Address Williamson W Va Date signed 3/18/47

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully applied. It is especially important to correct age. Physicians: please write the causes of death clearly and legibly.

1984374_0000123

This becomes a legal record when properly executed and will be placed in permanent file.

Write plainly with permanent ink or typewriter.

Physician last in attendance must state cause of death and sign medical certification. If no physician in attendance, health officer (or coroner, if inquest is held) must complete and sign medical certification. Power of signature cannot be delegated.

Cause of death.

Enter only one cause per line for A.B.C.* This does not mean mode of dying such as heart failure, asthenia, etc., it means the disease, injury or complication which caused death.

Funeral director or person disposing of body, must file certificate with local registrar within 72 hours after death and prior to transportation by common carrier or removal from state.

All items are to be complete and accurate.

WEST VIRGINIA STATE DEPARTMENT OF HEALTH—DIVISION OF VITAL STATISTICS

Dist No. 060

Serial No. 29

CERTIFICATE OF DEATH

State File No. 116

1. NAME OF DECEASED (Type or Print) a. (First) OAKC b. (Middle) c. (Last) HORN

2. DATE OF DEATH (Month) (Day) (Year) JAN 13 1955

3. PLACE OF DEATH
a. COUNTY Cabell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give district) Huntington
c. LENGTH OF STAY (in this place) Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Mary's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Ky.
b. COUNTY Martin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give district) Calf Creek
d. STREET ADDRESS (If rural, give location)

5. SEX Male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 4, 1907
9. AGE (In years) 46 If under 1 year: Months Days; If under 24 hrs: Hours Min.
10. USUAL OCCUPATION Operator
10a. KIND OF BUSINESS OR INDUSTRY Lumber
11. BIRTHPLACE (State or foreign country) Calf Creek, Ky.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Horn
14. MOTHER'S MAIDEN NAME Virginia Mills
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
If yes, give war or dates of service: None
16. SOCIAL SECURITY No. 406-01-9755
17. INFORMANT Julia Horn

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute cor pulmonale — Interval Between Onset and Death: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive arteriosclerotic heart disease — 2 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4200

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) Year) (Hour) m.
21e. INJURY OCCURRED While at Work ☐ Not While at Work ☐
21f. HOW DID INJURY OCCUR?
21g. INQUEST Yes ☐ No ☐

22. I hereby certify that I attended the deceased from 1-10-, 1955 to 1-13, 1955, that I last saw the deceased alive on 1-13, 1955, and that death occurred at 2:05P m., from the causes and on the date stated above.

23a. SIGNATURE J. F. Carr
(Degree or title) M.D.
23b. ADDRESS 1901 6th Ave. Huntington, WVa
23c. DATE SIGNED 1-17-55

24a. BURIAL CREMATION/REMOVAL (Specify) Burial
24b. DATE 1/18/55
24c. NAME OF CEMETERY OR CREMATORY Calf Creek, Ky.
24d. EMBALMER'S SIGNATURE James H. Mills — Ky. Lic. No. 3067

DATE REC'D BY LOCAL REG. JAN 18 1955
REGISTRAR'S SIGNATURE Mary K Keadle
25. FUNERAL DIRECTOR'S (Signature) C. Callahan — Ky. Lic. No. 2840

VS-904 (3-31-49) FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE

FORM V S 1-0000M 5-30-15

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 28746

Registered No. 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

County: Martin

Vet. Pct.: Turkey #9 — Registration District No.: 781

Inc. Town: — Primary Registration District No.: 6909

City: ..... (No.) ..... St., ... Ward)

2 FULL NAME: Peggy Fain Horn

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): ~~WIDOWED~~

6 DATE OF BIRTH: Dec. 20th (Month) (Day), 1823 (Year)

7 AGE: 92 yrs. 11 mos. 0 ds. — IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Ky

PARENTS

10 NAME OF FATHER: Mikie Horn

11 BIRTHPLACE OF FATHER (State or country): Ky

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (State or country): Dont Know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Bob Hobbs

(Address): Inez Ky

15 Filed Nov 11, 1916 — M. R. Allen, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov. 20th (Month) (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from ....., 191..., to ....., 191....., that I last saw h..... alive on Nov. 12 ....., 191.6..., and that death occurred on the date stated above at .....m. The CAUSE OF DEATH* was as follows:

Gangreen of Leg

(Duration) ..... yrs. 5 mos. 0 ds.

Contributory (SECONDARY): Old age

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed): R Fairchild, M. D.

Nov. 20, 1916 (Address): Inez Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Garret Grave yard — DATE OF BURIAL: Nov. 21, 1916

20 UNDERTAKER: Fauvel — ADDRESS:

11—3184

WHITE PLAINLY WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

E. B.—Every item of information should be carefully supplied. Add should be entered EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

LEAVE RESERVED FOR RECORD

FORM V S 1-500M 5-30-13

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 28746

1 PLACE OF DEATH
County: Martin
Vot. Pct.: Turkey #9 Registration District No.: 781
Inc. Town: Primary Registration District No.: 6909
Registered No.: 1
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
City: (No.) St., Ward)
2 FULL NAME: Peggy Fan Horn

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): ~~Widowed~~
6 DATE OF BIRTH: Dec. 20th 1823 (Month) (Day) (Year)
7 AGE: 92 yrs. 11 mos. 0 ds. IF LESS than 1 day ... hrs. or ... min.?
8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):
9 BIRTHPLACE (State or country): Ky.

PARENTS
10 NAME OF FATHER: Mikie Horn
11 BIRTHPLACE OF FATHER (State or country): Ky.
12 MAIDEN NAME OF MOTHER: Dont Know
13 BIRTHPLACE OF MOTHER (State or country): Don't Know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Bob Hobbs
(Address): Inez Ky.
15 Filed Nov 21, 1916 M. R. Allen Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov. 20th, 1916 (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from ..., 191..., to ..., 191..., that I last saw him alive on Nov. 12th, 1916, and that death occurred on the date stated above at ... m. The CAUSE OF DEATH* was as follows:
Gangreen of Leg
(Duration) 5 yrs. 0 mos. 0 ds.
Contributory (Secondary) Old age
(Duration) yrs. mos. ds.
(Signed) B. Fairchild M. D.
Nov. 20, 1916 (Address) Inez Ky.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Garrett Grave yard
DATE OF BURIAL: Nov. 21, 1916
20 UNDERTAKER: Trend
ADDRESS

11—3184

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SPACE RESERVED FOR RECORD

4406

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____

Registered No. _____

1 PLACE OF DEATH

County Martin

Vot. Pct. Thirty-two 2 Registration District No. 1022

Inc. Town _____ Primary Registration District No. 6644

City _____ (No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Roy Alonzo Horn

(a) Residence. No. _____ St., _____ Ward. _____
(If nonresident, give city or town and State)
Usual place of abode
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced (Write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH: March 21st 1926
(Month) (Day) (Year)

7 AGE: yrs. 11 mos. 24 ds.

If LESS than 1 day ..... hrs. or ..... min?

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business or establishment in which employed (or employer) —

9 BIRTHPLACE (city or town) Martin Co
(State or country)

PARENTS

10 NAME OF FATHER Lucian Horn

11 BIRTHPLACE OF FATHER (city or town) Martin Co
(State or country)

12 MAIDEN NAME OF MOTHER Rebecca Hensley

13 BIRTHPLACE OF MOTHER (city or town) Martin Co
(State or country)

14 (Informant) Tom Allen

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 17 1927
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Never Know to at _____, 19__,
that I last saw h..... alive on _____, 19__,
and that death occurred on the date stated above at _____ m.
The CAUSE OF DEATH* was as follows:
Pneumonia - Bronchial

(Duration) _____ yrs. _____ mos. 5 ds.

Contributory (Secondary) _____

(Duration) _____ yrs. _____ mos. _____ ds.

18 WHERE WAS DISEASE CONTRACTED
If not at place of death? _____
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____
What test confirmed diagnosis? _____
(Signed) R T Angel M. D.
_____, 19__ (Address) Inez Ky

*State the Disease Causing Death, or, in Deaths from Violent Causes, state the Means and Nature of Injury, and if Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Martin
Vot. Pct. Warfield Big Elk
Inc. Town
City (No. St. Ward)

File No. 31681
Registered No.
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Ruble Horn

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): single
6 DATE OF BIRTH: May 22, 1912 (Month) (Day) (Year)
7 AGE: yrs. 6 mos. 12 ds. If LESS than 1 day hrs. or min.
8 OCCUPATION (a) Trade, profession, or particular kind of work: baby (b) General nature of industry business, or establishment in which employed (or employer):
9 BIRTHPLACE (State or country): Martin Co, Ky
PARENTS
10 NAME OF FATHER: James Horn
11 BIRTHPLACE OF FATHER (State or country): Martin Co, Ky
12 MAIDEN NAME OF MOTHER: Vestie Copley
13 BIRTHPLACE OF MOTHER (State or country): Wayne Co, W Va.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. J. French
(Address) Louisa, W Va
15
Filed Dec 7, 1916 Mrs Dawson Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec. 2nd Monday 1912 (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I [redacted] deceased from ....., 191..., to ....., 191..., that I last saw h..... alive on ....., 191..., and that death occured, on the date stated above, at .....m.
The CAUSE OF DEATH* was as follows: From symptoms told me it was some spinal trouble, I never saw the child
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) C. J. French, M. D.
..... 191... (Address) .....
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.
(18) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.
Where was disease contracted, if not at place of death?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL
DATE OF BURIAL ..... 191...
20 UNDERTAKER
ADDRESS

R. S. Every person or corporation charged with DEATH to place in L. S. so that it may be properly assessed. See landowners on back of certificate. Important.

Back to the Advanced Search Results

Top of page

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Form V. S. 1-A
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. 50 / 5853
Registrar's No.

Registration District No. 1020 Primary Registration District No. 7181

1. PLACE OF DEATH
a. COUNTY Martin
b. CITY OR TOWN Kermit
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cal Creek

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE Ky
b. COUNTY Martin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kermit
d. STREET ADDRESS (If rural, give location) Cal Creek

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) (Nmi) c. (Last) Horn
4. DATE OF DEATH (Month) Mar (Day) 28 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married
8. DATE OF BIRTH Oct 3 1879
9. AGE (In years last birthday) 70 | If Under Months | 1 Year Days | If Under Hours | 24 Hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Ky
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Mike Horn
14. MOTHER'S MAIDEN NAME Posten Malle
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) **16. SOCIAL SECURITY NO.** (If yes, give war or dates of service) None
17. INFORMANT Garfield Horn

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication to which the death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Regurgitation — INTERVAL BETWEEN ONSET AND DEATH 6 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis — 3 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 2, 1948 to Mar 26, 1950 that I last saw the deceased alive on Mar 26, 1950, and that death occurred at 11 30 m., from the causes and on the date stated above.

23a. DATE SIGNED 3-30-50
23b. ADDRESS Inez, Ky
23c. SIGNATURE Snow Fordson (Degree or title)
24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE 3/31/50
24c. NAME OF CEMETERY OR CREMATORY Hunter
24d. LOCATION (City, town, or county) Martin Co (State) Ky
25a. DATE REC'D BY LOCAL REG. 3/30/50
25b. REGISTRAR'S SIGNATURE Doris Triplett
26. FUNERAL DIRECTOR RICHMOND - DULANEY FUNERAL HOME ADDRESS INEZ, KENTUCKY

Form V. S. 1—12m—4-19-19

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 9964

1 PLACE OF DEATH
County Martin
Vot. Pct. Warfield
Inc. Town
City (No. St., Ward)

Registration District No. 901
Primary Registration District No. 11C 20

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Vastie Horn

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 Single, Married, Widowed, or Divorced (Write the word) Married
6 DATE OF BIRTH (Month) (Day) (Year)
7 AGE 46 yrs. mos. ds. If LESS than 1 day hrs. or min?
8 OCCUPATION (a) Trade, profession or particular kind of work Housewife (b) General nature of industry, business or establishment in which employed (or employer)
9 BIRTHPLACE (State or country) Wayne Co. W. Va.
10 NAME OF FATHER Bill Copley
11 BIRTHPLACE OF FATHER (State or country)
12 MAIDEN NAME OF MOTHER Vastie Copeley
13 BIRTHPLACE OF MOTHER (State or country)
PARENTS
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) George Horn
(Address) Little Elk.
15 Filed March 21 1923 Letitia Hays Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 21 1923 (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from Mch. 15 1923, to Mch 19 1923, that I last saw him alive on Mch 19 1923, and that death occurred on the date stated above at 2 a.m.
The CAUSE OF DEATH* was as follows: Bright's Disease
(Duration) One yrs. mos. 's
Contributory (Secondary) (Duration) yrs. mos. d.
(Signed) Milton Fiser, M. D.
192 (Address)
*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
In this place yrs. mos. ds. In the State of death yrs. mos. ds.
Where was disease contracted,
If not at place of death?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL Warfield Ky
DATE OF BURIAL March 23 1923
20 UNDERTAKER
ADDRESS

11—52M

BURNED IN REPORTED FOR REMOVAL

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

B. B.—Every item of information and be carefully supplied. AGE should be CORRECTLY. PHYSICIANS should give CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION in every hospital. See instructions on back of certificate.

Registrar of Vital Statistics
Certified Copy

THE FACSIMILE DOCUMENT HAS A SHADED BACKGROUND NOT A WHITE BACKGROUND

N. B.—Every item o information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH plain terms, so that it may be properly classified. Ei not statement of OCCUPATION is very important. Se instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

FORM V S 1-500M

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 38871

Registered No. 316

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

County Franklin.

Vot. Pct. Frames Registration District No. 2 6 0

Ino. Town Primary Registration District No. 2 8 0

City Frankfort. Ky. (No. Ky Reformatory St. 2 Ward)

2 FULL NAME Clumbia Howard

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.

4 COLOR OR RACE: White.

5 SINGLE, MARRIED WIDOWED, OR DIVORCED (Write the word): Widowed.

6 DATE OF BIRTH: (Month) 1 (Day) 880. (Year)

7 AGE: 38. yrs. mos. ds. IF LESS than 1 day hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry business or establishment in which employed (or employer): Laundress.

9 BIRTHPLACE (State or country): Martin County. Ky.

PARENTS

10 NAME OF FATHER: Uriah Harrman.

11 BIRTHPLACE OF FATHER (State or country): Unknowen.

12 MAIDEN NAME OF MOTHER: Unknown.

13 BIRTHPLACE OF MOTHER (State or country): Unknown.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ged Whitehead
(Address) Frankfort Ky

15 Filed Dec. 26, 1918 Lizzie Diamond REGISTRAR

11—3184

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec. (Month) 21st. (Day), 1918. (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec. 10th. 8. (Month) (Day) (Year), 191.., to Dec. 21st. 8. (Month) (Day) (Year), 191.., that I last saw him alive on Dec. 21st. 8. (Month) (Day), 191.., and that death occurred on the date stated above at 1 A. M. m. The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage. following.
Influenza.
(Duration) yrs. mos. 10 ds.

Contributory (SECONDARY)
(Duration) yrs. mos ds.

(Signed) R. Johnson, M. D.
Dec. 21st. 8. (Address) Frankfort. Ky.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death 9 yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence Martin County. Ky.

19 PLACE OF BURIAL OR REMOVAL: Prison Cemetery DATE OF BURIAL: Dec 24, 1918

20 UNDERTAKER: Ged Whitehead ADDRESS: Frankfort Ky

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

I, Sandra J. Davis, State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the pers thereon named, and that the original certificate is registered under the file number shown. In testim and I have hereunto affixed my name and caused official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 28th day of Nov, 20 00

S. J. Davis

Registrar of Vital Statistics
Certified Copy

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

WHITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V S 1-500M

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 38871

Registered No. 316

1 PLACE OF DEATH
County Franklin.
Vot. Pct. Haines Registration District No. 360
Inc. Town Primary Registration District No. 2180
City Frankfort. Ky. (No. Ky. Reformatory St. 2 Ward)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Clumbia Howard

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.
4 COLOR OR RACE: White.
5 SINGLE, MARRIED WIDOWED, OR DIVORCED (Write the word): Widowed.

6 DATE OF BIRTH: (Month) (Day) 1880. (Year)

7 AGE: 38. yrs. mos. ds. IF LESS than 1 day hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry business or establishment in which employed (or employer): Laundress.

9 BIRTHPLACE (State or country): Martin County. Ky.

PARENTS
10 NAME OF FATHER: Uriah Harrman.
11 BIRTHPLACE OF FATHER (State or country): Unknowen.
12 MAIDEN NAME OF MOTHER: Unknown.
13 BIRTHPLACE OF MOTHER (State or country): Unknown.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ted Whitehead
(Address) Frankfort Ky

15 Filed Dec. 26, 1918 Lizzie Diamond REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec. 21st. (Month) (Day), 1918. (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec. 10th. 8. to Dec. 21st. 8. that I last saw her alive on Dec. 21st. 8. and that death occurred on the date stated above at 1 A.M. The CAUSE OF DEATH* was as follows:
Pulmonary Hemorrhage. following.
Influenza.
(Duration) yrs. mos. 10 ds.
Contributory (SECONDARY)
(Duration) yrs. mos. ds.
(Signed) R. Williams, M. D.
Dec. 21st., 1918. (Address) Frankfort. Ky.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death 3 yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence Martin County. Ky.

19 PLACE OF BURIAL OR REMOVAL: Prison Cemetery
DATE OF BURIAL: Dec 24, 1918

20 UNDERTAKER: Ted Whitehead
ADDRESS: Frankfort Ky

11—3164

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

I, Sandra J. Davis, State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 28th day of Nov, 20 00

Sandra J. Davis
Sandra J. Davis, State Registrar

U.S. PATENT NO. 4277170 4355465 4318169 4277719 4318245 4341484 4351947

FORM V. S. 1-100 M-1-20-11.

1 PLACE OF DEATH

County: Breathitt

Vot. Pct.: Beaty

Inc. Town:

City: (No. 4 St. Ward)

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13101

Registration District No.: 6906

Primary Registration Dist. No.: 6

File No.:

Registered No.: 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

3 FULL NAME: Jack Howard

PERSONAL AND STATISTICAL PARTICULARS

4 SEX: M

5 COLOR OR RACE: W.

6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): married

8 DATE OF BIRTH: (Month) (Day) (Year)

7 AGE: 36 yrs. mos. ds.

11 LESS than 1 day hrs. or min.

9 OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer):

12 BIRTHPLACE (State or country): Martin Co Ky

PARENTS

10 NAME OF FATHER: Elisha Howard

11 BIRTHPLACE OF FATHER (State or country): Ky

13 MAIDEN NAME OF MOTHER: Kate Underwood

14 BIRTHPLACE OF MOTHER (State or country): Ky

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Elisha Howard

(Address): Beaver Ky

16 Filed: May 9, 1915 Overall
REGISTRAR

11—3104

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: May 8, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from ....., 191..., to ....., 191..., that I last saw h..... alive on ....., 191..., and that death occured, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ....., M. D.

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

(19) LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Traynard Cem

DATE OF BURIAL: May 9, 1915

20 UNDERTAKER: Elisha Howard

ADDRESS: Pelgrim Ky

NOTE FIRST: THIS CERTIFICATE MUST BE FILED WITH THE REGISTRAR WITHIN TEN DAYS AFTER DEATH.

B. E.—Every blank must be filled, if only by a word or a figure. Any blank left vacant will be ruled as a defective certificate. CAUSE OF DEATH is plain language, so that it may be properly classified. Exact duration of each cause reported. Contributory or secondary causes should be reported. Exact duration of each cause is very important.

Form V. S. 1—Rev-44-3

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 7
Registered No. 0569
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH
County Floyd
Vot. Pct. Wh of Beaver Registration District No. 528
Inc. Town Allen Ky. Primary Registration District No. 10
City (No. ward) St. Ward)

2 FULL NAME George Hunt

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced (Write the word): ✓
6 DATE OF BIRTH (Month) (Day) (Year)
7 AGE: 62 yrs. mo. da. If less than 1 day hrs. or min?
8 OCCUPATION (a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business or establishment in which employed (or employer):
9 BIRTHPLACE (State or country): Floyd.
PARENTS
10 NAME OF FATHER: Jim Hunt
11 BIRTHPLACE OF FATHER (State or country): Floyd Co Ky
12 MAIDEN NAME OF MOTHER: Mattie Hilton
13 BIRTHPLACE OF MOTHER (State or country): Ky.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Israel Stratton
(Address) Banner Ky
15 Filed April 20 1926 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 8th 1926 (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from March 1926 to 1926, that I last saw alive on March 1926, and that death occurred on the date stated above at m.
The CAUSE OF DEATH* was as follows:
Bright's
(Duration) yrs. mo. 10 da
Contributory (Secondary)
(Duration) yrs. mo. da
(Signed) [illegible] M. D.
April 10 1926 (Address) Smallett Ky
*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
at place of death yrs. mo. da. In the State yrs. mo. da.
Where was disease contracted,
If not at place of death?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL: [illegible] DATE OF BURIAL: April 10 1926
20 UNDERTAKER: [illegible] ADDRESS: Banner Ky

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully reported. AGE should be given EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. Exact AMOUNT of OCCUPATION is very important. Use abbreviations, not hieroglyphics, in filling out certificate.

11—[illegible]

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 11127

Registered No. 5

1 PLACE OF DEATH
County Martin
Vol. Pct. Ne 2. Lick Br 6902
Inc. Town .....
City ..... (No. ..... St. ..... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 FULL NAME Marion Kirk

PERSONAL AND STATISTICAL PARTICULARS

2 SEX Male
3 COLOR OR RACE White
4 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

5 DATE OF BIRTH Apr 28, 1914 (Month) (Day) (Year)

6 AGE Still Born yrs. mos. da.
If LESS than 1 day hrs. or min.?

7 OCCUPATION
(a) Trade, profession, or particular kind of work N
(b) General nature of industry business, or establishment in which employed (or employer)

STILLBIRTH

8 BIRTHPLACE (state or country) Ky

PARENTS
10 NAME OF FATHER Moses Kirk
11 BIRTHPLACE OF FATHER (State or country) Va
12 MAIDEN NAME OF MOTHER Samuel Horn
13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Moses Kirk
(Address) Job Ky

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Still Born, 191 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from ....., 191..., to ....., 191...
that I last saw h..... alive on ....., 191...,
and that death occured, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:
..... no Physician
Midwife was attended (Duration) yrs. mos. da.
Contributory (Secondary) .....
..... (Duration) yrs. mos. da.
(Signed) ..... M. D.
....., 191... (Address) .....

*State the Disease Causing Death or in deaths from Violent Causes state (1) Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal.

(18) LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

ancestry

Try out the New Ancestry Search Try It Tour

You searched for **Hunt** died in **Floyd**

Kentucky Death Records, 1852-1953

Name:	**William Hunt**
Death Date:	6 Apr 1928
Death Location:	Floyd
Residence Location:	Floyd
Gender:	Male
Ethnicity:	White
Birth Location:	Kentucky
Father's Name:	James Hunt
Father's Birth Location:	Floyd
Mother's Name:	Martha Dillon
Mother's Birth Location:	Floyd

Source Information:
Ancestry.com. *Kentucky Death Records, 1852-1953* [database on-line]. Provo, UT, USA: The Generations Network, Inc., 2007. Original data:

- Kentucky. *Kentucky Birth, Marriage and Death Records – Microfilm (1852-1910)*. Microfilm rolls #994027-994058. Kentucky Department for Libraries and Archives, Frankfort, Kentucky.
- Kentucky. *Birth and Death Records: Covington, Lexington, Lousivlle, and Newport – Microfilm (before 1911)*. Microfilm rolls #7007125-7007131, 7011804-7011813, 7012974-7013570, 7015456-7015462. Kentucky Department for Libraries and Archives, Frankfort, Kentucky.
- Kentucky. *Vital Statistics Original Death Certificates – Microfilm (1911-1955)*. Microfilm rolls #7016130-7041803. Kentucky Department for Libraries and Archives, Frankfort, Kentucky.

Description:
This database contains various types of death records from the U.S. state of Kentucky from 1852-1953. Information available on these records can include: name of deceased, race, age at time of death, gender, death date and place, birth date and place, and parents' names. Learn more...

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27546

Form V. S. 1-A—50m—11-1-35

1 PLACE OF DEATH

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County [illegible]
Vsl. Pst. Murray
Inc. Town
City
Registration District No. [illegible]
Primary Registration District No. 6644
File No.
Registered No.
(No. St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Albert McCun

(a) Residence. No. St., Ward
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed or Divorced (write the word): Married
6a. If married, widowed, or divorced (a) WIFE of (HUSBAND of) Elizabeth McCun
6. DATE OF BIRTH (month, day, and year)
7. AGE: Years 63; Months; Days; If LESS than 1 day hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ky
13. NAME Sampson McCun
14. BIRTHPLACE (city or town) (State or country) Ky
15. MAIDEN NAME Teresa Hinds
16. BIRTHPLACE (city or town) (State or country)
17. INFORMANT (Address) Elizabeth McCun
18. BURIAL, CREMATION, OR REMOVAL Place Hazel Cem Date Nov 21, 1931
19. UNDERTAKER (Address) Friends
20. FILED ——, 19— Sue Turnbull Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month, day, and year) Nov 7 1931, 19—
22. I HEREBY CERTIFY, That I attended deceased from ——, 19— to ——, 19—
I last saw h— alive on ——, 19—, death is said to have occurred on the date stated above, at —— m.
The principal cause of death and related causes of importance in order of onset state as follows:

	Date of onset
Suddenly killed by fall of large tree	
Ten Cal. prior it hurt some not a serious injury	
Marry for his own death	
Contributory causes of importance not related to principal cause:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? Specify
(Signed) M Turnbull, M. D.
(Address) Murray Ky

BLANK RESERVED FOR BINDING

WRITE PLAINLY, with INDELIBLE INK—THIS IS A PERMANENT RECORD. Avoid abbreviations. Write in capital letters. Be sure to answer EXACTLY. PHYSICIANS should give CAUSE OF DEATH in terms of disease, not of mode of dying, or of complications. Such as "Shock," "Heart failure," "Exhaustion," "Blood poisoning," are not diseases. In injury cases, state EXACTLY the nature of the injury. OCCUPATION is very important. Be sure to fill it in.

Ancestry.com
Discover Your Family Story

Kentucky Death Index, 1911-2000 Record

Name:	**Elizbth Mccannon**
Death Date:	7 April , 1964
Death Place:	Lawrence
Age:	087
Residence:	Martin
Volume:	18
Certificate:	8684

Source Information:
Commonwealth of Kentucky, Health Data Branch, Divisision of Epidemiology and Health Planning, comp.. *Kentucky Death Index, 1911-2000* [database on-line]. Provo, UT, USA: MyFamily.com, Inc., 2000. Original data: Commonwealth of Kentucky, Health Data Branch, Divisision of Epidemiology and Health Planning. *Kentucky Death Index, 1911-present*. Frankfort, KY, USA: Kentucky Department of Information Systems.

Description:
This database contains an index to more than 2.6 million death records of individuals who passed away in the State of Kentucky, USA, from 1911 on. All records contain the following information: name of the individual, date of death, county of death, county of residence, age at death, and volume and certificate number. Learn more...

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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of NAPA

STATE FILE NUMBER

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 2800 74-468 1018

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME: SAM
1b. MIDDLE NAME:
1c. LAST NAME: MAYNARD
2a. DATE OF DEATH—MONTH, DAY, YEAR: September 30, 1962
2b. HOUR: 1:10 P. M.
3. SEX: Male
4. COLOR OR RACE: White
5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Kentucky
6. DATE OF BIRTH: June 13, 1888
7. AGE (LAST BIRTHDAY): 74 YEARS — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HOURS: HOURS, MINUTES
8. NAME AND BIRTHPLACE OF FATHER: Dave Maynard, Kentucky
9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Katherine Parson, Kentucky
10. CITIZEN OF WHAT COUNTRY: U.S.A.
11. SOCIAL SECURITY NUMBER: 555-16-1439
12. LAST OCCUPATION: Farm laborer
13. NUMBER OF YEARS IN THIS OCCUPATION: 44
14. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE): Unknown
15. KIND OF INDUSTRY OR BUSINESS: Unknown
16. IF DECEASED WAS EVER IN U. S. ARMED FORCES, GIVE WAR OR DATES OF SERVICE: World War I
17. SPECIFY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Divorced
18a. NAME OF PRESENT SPOUSE:
18b. PRESENT OR LAST OCCUPATION OF SPOUSE:

PLACE OF DEATH

19a. PLACE OF DEATH—NAME OF HOSPITAL: Napa County Infirmary
19b. STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS): 2344 Sonoma Road — [X] INSIDE CITY CORPORATE LIMITS [ ] OUTSIDE CORPORATE LIMITS
19c. CITY OR TOWN: Napa
19d. COUNTY: Napa
19e. LENGTH OF STAY IN COUNTY OF DEATH: 44 YEARS
19f. LENGTH OF STAY IN CALIFORNIA: 44 YEARS

LAST USUAL RESIDENCE (WHERE DID DECEASED LIVE—IF IN INSTITUTION ENTER RESIDENCE BEFORE ADMISSION)

20a. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS): 240 East Avenue - Cabin #3
20b. IF INSIDE CITY CORPORATE LIMITS [X] CHECK HERE — IF OUTSIDE CITY CORPORATE LIMITS [ ] ON A FARM [ ] NOT ON A FARM
20c. CITY OR TOWN: Napa
20d. COUNTY: Napa
20e. STATE: California
21a. NAME OF INFORMANT (IF OTHER THAN SPOUSE): Rudolph Maynard - Son
21b. ADDRESS OF INFORMANT (IF DIFFERENT FROM LAST USUAL RESIDENCE OF DECEDENT): 4009 Redwood Road, Napa, Calif

PHYSICIAN'S OR CORONER'S CERTIFICATION

22a. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE, FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM 9/28/62 TO 9/30/62 AND THAT I LAST SAW THE DECEASED ALIVE ON 9/30/62
22b. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD AN ____ INVESTIGATION, AUTOPSY, INQUEST ON THE REMAINS OF DECEASED AS REQUIRED BY LAW.
22c. PHYSICIAN OR CORONER (SIGNATURE): [illegible] M.D. — DEGREE OR TITLE: M.D.
22d. ADDRESS: 2020 Jefferson Street
22e. DATE SIGNED: Oct. 1, 1962

FUNERAL DIRECTOR AND LOCAL REGISTRAR

23. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: Burial
24. DATE: Oct. 4, 1962
25. NAME OF CEMETERY OR CREMATORY: St. Helena Public Cemetery
26. EMBALMER (SIGNATURE OF EMBALMER): [illegible] — LICENSE NUMBER: 2553
27. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Richard Pierce Funeral Service
28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR: Oct 3, 1962
29. LOCAL REGISTRAR—SIGNATURE: S. S. Cook, M.D. — S. S. Cook M.D.

MEDICAL AND HEALTH DATA

CAUSE OF DEATH

30. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (A): Coronary occlusion — Terminal
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B): Coronary arterial disease -arteriosclerotic — unknown
DUE TO (C):
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A): Chronic alcoholism

OPERATION AND AUTOPSY

31. OPERATION—CHECK ONE: [X] NO OPERATION PERFORMED [ ] OPERATION PERFORMED—FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH [ ] OPERATION PERFORMED—FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH
32. DATE OF OPERATION:
33. AUTOPSY—CHECK ONE: [ ] AUTOPSY PERFORMED—GROSS FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH [X] NO AUTOPSY PERFORMED [ ] AUTOPSY PERFORMED GROSS FINDINGS NOT IN DETERMINING ABOVE STATED CAUSES OF DEATH

INJURY INFORMATION

34a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE:
34b. DESCRIBE HOW INJURY OCCURRED (GIVE SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN PART I OR PART II OF ITEM 30):
35a. TIME OF INJURY — HOUR, MONTH, DAY, YEAR: M.
35b. INJURY OCCURRED: [ ] WHILE AT WORK [ ] NOT WHILE AT WORK
35c. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BUILDING):
35d. CITY, TOWN, OR LOCATION — COUNTY — STATE:

100000099

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF NAPA } SS

DATE ISSUED MAY 13 2004

This is a true and exact reproduction of the document officially registered and placed on file in the office of the NAPA COUNTY RECORDER-COUNTY CLERK, NAPA, CALIFORNIA.

JOHN TUTEUR
RECORDER-COUNTY CLERK

This copy not valid unless prepared on engraved border displaying seal and signature of the Recorder-County Clerk.

THE GREAT SEAL OF THE STATE OF CALIFORNIA — EUREKA

NAPA COUNTY CALIFORNIA

THE DELAWARE BANK NOTE COMPANY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 11832
Registrar's No.

Registration District No. 1020 Primary Registration District No. 7181

1. PLACE OF DEATH:
(a) County Martin
(b) City or town Pikeville (If outside city or town limits, write RURAL)
(c) Name of hospital or institution:
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky (b) County Martin
(c) City or town Pikeville (If outside city or town limits, write RURAL)
(d) Street No. (If rural give precinct)
(e) If foreign born, how long in U. S. A.? year

3(a) FULL NAME Cora Miller
3(b) If veteran, Name war
3(c) Social Security No.
4. Sex F 5. Color or race W 6(a) Single, widowed, married, divorced
6(b) Name of husband or wife Fred Miller
6(c) Age of husband or wife if alive 87 years
7. Birth date of deceased May (month) 15 (day) 1895 (year)
8. AGE: Years 52 Months 10 Days 9 If less than one day hr. min.
9. Birthplace Turkey Creek Martin Co.
10. Usual occupation House wife
11. Industry or business
12. FATHER Name Bill Hammond
13. Birthplace Martin County, Ky.
14. MOTHER Maiden name Dorcia Hale
15. Birthplace Martin County, Ky.
16(a) Informant's own signature Doris Hammond
(b) Address
17. Place of death verified by me: 5/24 1947
18(a) Signature of medical officer John C Dawson
(b) Address Inez, Ky.
19(a) 5/24/47 (Date received by local registrar) (b) Doris Triplett (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH May. 22 1947
21. I hereby certify that I attended the deceased from Sept 1 1946 to May 18 1947 that I last saw him alive on May 18 1947 and that death occurred on the date stated above at 10 P. M.
Immediate cause of death: Chronic Bright's Disease — DURATION 6 yr
Due to: Uremia
Other conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operation:
Of autopsy:
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? In or about home, on farm, in industrial plant, in public place? (Specify type of place)
While at work? (a) Injury at work?
23. Signature Dow Edward (M. D.)
Address Inez, Kentucky Date signed 5/23/47

NO RANGE RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Ohio Deaths 1908-1953
1992432_0002035

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Scioto Registration District No. 5777 File No. 10
Township Nile Primary Registration District No. ..... Registered No. 29320
or Village Friendship, O No. ..... St. ..... Ward
or City of ..... (If death occurred in a hospital or institution, give its name instead of street and number)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

2 FULL NAME Martha Mills
Did Deceased Serve in U. S. Navy or Army .....
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Whit
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year): Oct. 18 1839
7. AGE: Years 92 Months 7 Days 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. XXXX
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 92
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia
FATHER
13. NAME Wm Crabb
14. BIRTHPLACE (city or town) (State or country) Virginia
MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (city or town) (State or country) Don't Know
17. INFORMANT The Signature of and (Address) Grace Mills Friendship, O
18. BURIAL, CREMATION, OR REMOVAL Simpson Cemetery Date June 7th 1931
19. UNDERTAKER Lynn Urb Co (Address) Portsmouth, O
19a. Was body embalmed? Yes Embalmer's No. 1865 a
20. FILED 7/5 1931 Ed Warren Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 4th 1931
22. I HEREBY CERTIFY, THAT I attended deceased from May 28, 1931 to June 4, 1931
I last saw him alive on June 1, 1931 death is said to have occurred on the date stated above at 5.30 p.m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: (Date of onset)
Mitral Insufficiency
CONTRIBUTORY CAUSES of importance not related to principal cause:
Myocarditis
Acute Pulmonary Edema
Senility
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased?
No
If so, specify .....
(Signed) T. A. Brewster M. D.
Date 6/5/1931 Address Portsmouth, O

N. B. — WHERE FAMILIAR WITH THE FACTS, AGE should be stated EXACTLY. Approximate statements of information should be carefully supplied. AGE should be stated EXACTLY. Approximate statements of information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. 1-4
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 15560
Registrar's No. 110 15560

Registration District No. 1020 Primary Registration District No. 7182

1. PLACE OF DEATH:
(a) County Martin
(b) City or town Rural (If outside city or town limits, write RURAL)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay in hospital or community 1 day (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kentucky (b) County Martin
(c) City or town Rural (If outside city or town limits, write RURAL)
(d) Street No. (If rural give precinct)
(e) If foreign born, how long in U. S. A.? years

3(a) FULL NAME Mary Frances Mills
3(b) If veteran, Name war
3(c) Social Security No.
4. Sex Fem. 5. Color or race Wh. 6(a) Single, married, married, divorced Single
6(b) Name of husband or wife
6(c) Age of husband or wife If living Years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 8 Months 7 Days If less than one day hr. min.
9. Birthplace Inez, Ky (Rural)
10. Usual occupation Infant
11. Industry or business ✓
PARENTS 12. Name Carl Mills
13. Birthplace Inez, Ky.
MOTHER 14. Maiden name Helen Horn
15. Birthplace Inez, Ky
16(a) Informant's own signature Helen Mills
(b) Address Inez, Ky.
17. BURIAL, CREMATION, OR REMOVAL
Horn Cemetary, Inez, Ky July 23 45
18(a) Signature of funeral director Rev. Pleny Willis
(b) Address Inez, Ky
19(a) Aug 1 1945 (Date filed by local registrar) (b) Victoria Walker (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH July 22, 1945
21. I hereby certify that I saw the deceased on July 22 1945 and that death occurred on the date stated above at 9.45 P.M.
Immediate cause of death Diarrhoea (about 20 hours.) DURATION
Due to
Other conditions Infancy (Include pregnancy within 3 months of death)
Major findings:
Of operation 119A
Of autopsy
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Nature of injury
23. Signature Wm. M. Reid M.D. or other
Address Inez, Ky. Date signed

NAMES RESERVED FOR BIRTHS

N. B.—WRITE PLAINLY WITH INDELIBLE INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6401

File No. 25824

Registered No. .....

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH
County Muhlenberg
Vot. Pct. Big Elk
Inc. Town .....
City ..... (No. ..... St. ..... Ward)
1 FULL NAME Susan Mosley

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word): Married
6 DATE OF BIRTH: Oct 22 (Month) (Day), 1863 (Year)
7 AGE: 50 yrs. 11 mos. 24 ds. — If LESS than 1 day ... hrs. or ... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work: Home wife
(b) General nature of industry business, or establishment in which employed (or employer) .....
9 BIRTHPLACE (State or country): Ky.

PARENTS
10 NAME OF FATHER: John Hobbs
11 BIRTHPLACE OF FATHER (State or country): Ky
12 MAIDEN NAME OF MOTHER: Peggy Horn
13 BIRTHPLACE OF MOTHER (State or country): Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Mosley
(Address) Drakesboro Ky

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct 4th (Month) (Day), 1912 (Year)
17 I HEREBY CERTIFY, That I attended deceased from ....., 191..., to ....., 191...,
that I last saw h... alive on ....., 191...,
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:
Typhoid Fever
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J. R. Fairchild, M. D.
Oct 4th 191... (Address) Drake Ky

*Give the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

(18) LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS on RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

Registrar of Vital Statistics

Certified Copy

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6 901

File No. 25824

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH
County: Morgan
Vot. Pct.: Big Elk
Inc. Town: _____
City: _____ (No. _____ St., _____ Ward)
2 FULL NAME: Susan Morley

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): married
6 DATE OF BIRTH: Oct 22 (Month) (Day) 1863 (Year)
7 AGE: 50 yrs. 11 mos. 24 ds. — If LESS than 1 day ___ hrs. or ___ min.?
8 OCCUPATION
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry business, or establishment in which employed (or employer): _____
9 BIRTHPLACE (State or country): Ky
PARENTS
10 NAME OF FATHER: John Hobbs
11 BIRTHPLACE OF FATHER (State or country): Ky
12 MAIDEN NAME OF MOTHER: Peggy Hory
13 BIRTHPLACE OF MOTHER (State or country): Ky
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): John Morley
(Address): Inez Ky
15 Filed: Oct 7, 1912 — Wm. Dawson, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct 4th (Month) (Day), 1912 (Year)
17 I HEREBY CERTIFY, That I attended deceased from _____, 191__, to _____, 191__, that I last saw h__ alive on _____, 191__, and that death occured, on the date stated above, at ____ m.
The CAUSE OF DEATH* was as follows:
Typhoid Fever
(Duration) ___ yrs. ___ mos. ___ ds.
Contributory (Secondary) _____ (Duration) ___ yrs. ___ mos. ___ ds.
(Signed) J. B. Fairchild, M. D.
Oct 4th 191__ (Address) Inez Ky
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL
(18) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.
Where was disease contracted, if not at place of death? _____
Former or usual residence _____
19 PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL _____, 191__
20 UNDERTAKER _____ ADDRESS _____

11—6184

I, Omar L. Greeman, Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of death of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 24 day of May, 1983.

Omar L. Greeman
Omar L. Greeman, State Registrar

155636
Fee Control Number

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 13248
Registered No. 7

1 PLACE OF DEATH
County Martin
Vot. Pct. No 2 Dist 6902
Inc. Town Out side City Limits
City Job (No. ... St. ... Ward)
(If death occurred in a hospital or institution give its NAME instead of street and number)

1 FULL NAME Belle Whitt

PERSONAL AND STATISTICAL PARTICULARS

2 SEX [redacted]
3 COLOR OR RACE White
4 Married (Married, widowed, or divorced (Write the word))

5 DATE OF BIRTH Not Known (Month) (Day) 1 (Year)

6 AGE about 35 yrs. mos. ds.
11 LESS than 1 day hrs. or min.

8 OCCUPATION
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE (state or country)

PARENTS
10 NAME OF FATHER Andy Booth
11 BIRTHPLACE OF FATHER (state or country) Ky
12 MAIDEN NAME OF MOTHER Hannah Horn
13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Aron Whitt
(Address) Tait Creek

15 May 13 . D. Thomas

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 12 (Month) (Day) 1911 (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 1911 to Death 191 ..., that I last saw h... alive on ..., 191 ..., and that death occured, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:
Consumption
Tuberculosis of Lungs
for a Year
(Duration) 2 yrs. mos. ds.

Contributory (Secondary) (Duration) yrs. mos. ds.

(Signed) J. R. Ward M. D.
May 13 1912 (Address) Beam Ky

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal.

(18) LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Persons Homeless)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if out of place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Tait Creek Ky
DATE OF BURIAL May 13 1912
UNDERTAKER
ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Enlargement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. 1-A—50m—1-13-31

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 7583
Registered No.

Registration District No. 1022
Primary Registration District No. 6644

1. PLACE OF DEATH

County Martin
Vot. Pct. Turkey #9
Ins. Town
City (No. ..... St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Hazel Whitt
(a) Residence. No. ..... St., ... Ward
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH
7. AGE: Years 52; Months; Days; If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE Ky
MOTHER/FATHER
13. NAME Charley Whitt
14. BIRTHPLACE Ky
15. MAIDEN NAME Millie Fluty
16. BIRTHPLACE Ky
17. INFORMANT Buck W. Ard
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ..... 19..
19. UNDERTAKER Tremont
(Address)
20. FILED March 20, 1933 Sue Fairchild Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 18th, 1933
22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19.. I last saw him alive on ..... 19.., death is said to have occurred on the date stated above, at ..... m. The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Killed with a club	
Fracturing Skull	

Contributory causes of importance not related to principal cause:
Moore shin whisky

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... date of injury ..... 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify
(Signed) M. Frazier, M. D.
(Address) Jones Ky

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully copied, AGE should be stated EXACTLY, PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 15661

Registered No. 5

1 PLACE OF DEATH
County Marshall
Vot. Pct. Lick Branch Dist 6902
Inc. Town
City (No. St.; Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Vinney Whitt

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married
6 DATE OF BIRTH not ~~that~~ known (Month) (Day) (Year)
7 AGE about 65 yrs. mos. ds.
If LESS than 1 day hrs. or min.?
8 OCCUPATION
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry business, or establishment in which employed (or employer)
9 BIRTHPLACE (State or country) Ky

PARENTS
10 NAME OF FATHER Sam Endicott
11 BIRTHPLACE OF FATHER (State or country) —
12 MAIDEN NAME OF MOTHER —
13 BIRTHPLACE OF MOTHER (State or country) —

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ab Hazel
(Address) Cane Creek Ky

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 4 (Month) (Day) 1912 (Year)
17 I HEREBY CERTIFY, That I attended deceased from May 1912, to June 4 1912, that I last saw him alive on about date 191..., And that death occured, on the date stated above, at ... m.
The CAUSE OF DEATH* was as follows:
Necrosis of Bone
(Duration) yrs. mos. ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.
(Signed) J. R. Fairchild M. D.
June 5, 1912 (Address) Mayfield Ky

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

(18) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL
DATE OF BURIAL